


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90316 041 ***158.75

DOCUMENT # P02000132129			
1. Entity Name BROWARD TOWNHOUSES REALTY GROUP, INC.			
Principal Place of Business 2317 NE 19TH AVENUE WILTON MANORS FL 33305		Mailing Address 2317 NE 19TH AVENUE WILTON MANORS FL 33305	
2. Principal Place of Business 1595 N.E. 26th St.		3. Mailing Address 1595 N.E. 26th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Wilton Manors		City & State Wilton Manors	
Zip 33305	Country USA	Zip 33305	Country USA
6. Name and Address of Current Registered Agent BREWER, EDWARD 2317 NE 19TH AVENUE WILTON MANORS FL 33305		7. Name and Address of New Registered Agent HARRIET H. LANDRY 1595 N.E. 26th St. Wilton Manors FL 33305	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Harriet H. Landry (NOTE: Registered Agent signature required when reinstating) 4-16-2004 DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BREWER, EDWARD 2317 NE 19TH AVENUE FORT LAUDERDALE FL 33305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIET H. LANDRY 1595 N.E. 26th St Wilton Manors, FL 33305 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Harriet H. Landry		4-16-2004 954 566 2543	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HARRIET H. LANDRY		Date Daytime Phone #	

94056510



MOORE CR2E034 (11/03)

4. FEI Number **16-1643768** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**