

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045480

Entity Name: TOWN PROPERTIES, INC.

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

705 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1928 BOOTHE CIRCLE
#B
LONGWOOD, FL 32750

Current Mailing Address:

1718 IVERNESS COURT
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-0004912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHMAN, VIVIAN
1718 IVERNESS COURT
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURNS, HERB
Address: 2347 TWILIGHT DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: OD () Delete
Name: LEHMAN, VIVIAN
Address: 1718 IVERNESS COURT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEHMAN, VIVIAN
Address: 1718 IVERNESS COURT
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIAN LEHMAN

D

04/19/2007

Electronic Signature of Signing Officer or Director

Date