

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000049417 (5)

1. Corporation Name

TOWNHOMES NORTH, INC.



Principal Place of Business

Mailing Address

~~4215 SOUTHPOINT BLVD.~~  
~~SUITE 100~~  
~~JACKSONVILLE FL 32216~~  
2901 W. SR 434 #131  
Longwood, FL 32779

4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified  
06/23/1995

3a. Date of Last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21 ~~Two Sugar Creek Court~~

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 City & State

23 City & State

~~Ormond Beach, FL~~

28 Zip

24 Zip

25 Country

29 Zip

26 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANSBACHER, LEWIS  
4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and that of agent

NOTE: Registered Agent signature required when reconstituting

(DATE)

12. OFFICERS AND DIRECTORS

TITLE D /V/S ☐ DELETE

NAME SCHWARTZ, WINSTON  
STREET ADDRESS TWO SUGAR CREEK COURT  
CITY- ST- ZIP ORMOND BEACH FL 32174

TITLE D /P/T ☐ DELETE

NAME ADLEY, JAMIE  
STREET ADDRESS TWO SUGAR CREEK COURT  
CITY- ST- ZIP ORMOND BEACH FL 32174

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVS ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 2901 W. SR 434 #131  
1.4 CITY- ST- ZIP Longwood, FL 32779

2.1 TITLE DPT ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 2901 W. SR 434 #131  
2.4 CITY- ST- ZIP Longwood, FL 32779

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

6.5 CITY- ST- ZIP

6.6 CITY- ST- ZIP

6.7 CITY- ST- ZIP

6.8 CITY- ST- ZIP

6.9 CITY- ST- ZIP

6.10 CITY- ST- ZIP

6.11 CITY- ST- ZIP

6.12 CITY- ST- ZIP

6.13 CITY- ST- ZIP

6.14 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JAMIE ALLAN ADLEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

(467) 849-1155

Date

Digitized From

CR2E034 (12/95)