

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90252 014 ***150.00

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1. Entity Name
AVENTURA/TOWN SQUARE, INC.



Principal Place of Business Mailing Address
9995 GATE PARKWAY NORTH, SUITE 400 **9995 GATE PARKWAY NORTH, SUITE 400**
JACKSONVILLE, FL 32246 US **JACKSONVILLE, FL 32246 US**

40076551



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3447762

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, DENNIS A
9995 GATE PARKWAY NORTH, SUITE 400
JACKSONVILLE, FL 32256

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD
NAME FRENKEL, RAISSA M ☐ Delete
STREET ADDRESS 9995 GATE PARKWAY N, STE 400
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PSD ☒ Delete
NAME KOEGLER, STEVEN C
STREET ADDRESS 9995 GATE PARKWAY N, STE 400
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME SISSELMAN, STEVEN M
STREET ADDRESS 9995 GATE PARKWAY N., STE 400
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **PSD**
STREET ADDRESS **NICK T. KAVALEROS**
CITY-ST-ZIP **9995 GATE PARKWAY N. #400**
JACKSONVILLE, FL 32246

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director 2-15-07 904-996-8800

Date

Daytime Phone #