

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000099293

1. Entity Name
AVENTURA/TOWN SQUARE, INC.



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

Mailing Address
9995 GATE PARKWAY NORTH, SUITE 400
JACKSONVILLE, FL 32246 US



02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3447762

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000531231

05/22/08-B0006-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD FRENKEL, RAISSA M 9995 GATE PARKWAY N, STE 400 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSD KAVALIEROS, NICK T 9995 GATE PARKWAY N, STE 400 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD SISSELMAN, STEVEN M 9995 GATE PARKWAY N., STE 400 JACKSONVILLE, FL 32246
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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IN THIS SPACE**

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: Steven Sisselman Director

2/28/08

904-996-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #