

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767254

FILED
Apr 04, 2013
Secretary of State
CC5255011069**Entity Name:** TOWNHOMES OF MARLWOOD HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**11784 WEST SAMPLE ROAD
SUITE 103
CORAL SPRINGS, FL 33065**Current Mailing Address:**11784 WEST SAMPLE ROAD
SUITE 103
CORAL SPRINGS, FL 33065 US**FEI Number:** 59-2491906**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED COMMUNITY MANAGEMENT CORP.
11784 WEST SAMPLE ROAD
SUITE 103
CORAL SPRINGS, FL 33065 US*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**Officer/Director Detail :**

Title	S
Name	AGNOLUCCI, LINDA
Address	47 EDINBURGH DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	D
Name	HARRIS, RHEA
Address	8 EDINBURGH DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	P
Name	MATHEWS, CLYDE
Address	34 EDINBURGH DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP
Name	WITHERS, JANET
Address	49 EDINBURGH DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	T
Name	LINDSTROM, LINDA
Address	28 EDINBURGH DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	D
Name	WATROUS, LYNN
Address	7 EDINBURGH DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	D
Name	KESELENKO, MARIAN
Address	35 EDINBURGH DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLYDE MATHEWS**P****04/04/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date