FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765997 (2)

1. Corporation Name
TOWNE SQUARE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2150 N. U.S. 1 FT. PIERCE FL 34946-6990	2150 N. U.S. 1 FT. PIERCE FL 34946-6990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1982
3a. Date of Last Report: 05/01/1994

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

601 South Ocean Dr.

2. Principal Place of Business
21: 509 IXORIA AVE.
22: Suite, Apt. #, etc.
23: City & State: FORT PIERCE, FL
24: Zip 34982 Country 25: U.S.A.

2a. Mailing Address
26: ~~509 IXORIA AVE.~~
27: Suite, Apt. #, etc.
28: City & State: FORT PIERCE, FL
29: Zip 34949 Country 30: U.S.A.

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

JACOBSON, DONALD E
2150 N. U.S. 1
FT. PIERCE FL 33450

10. Name and Address of New Registered Agent

81 Name: PHYLLIS McALLISTER
82 Street Address (P.O. Box Number is Not Acceptable): 601 SOUTH OCEAN DR.
83:
84 City: FORT PIERCE FL 85 Zip Code: 34949

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: PHYLLIS McALLISTER Phyllis McAllister 4-25-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TVD ☑ Change ☐ Addition
NAME	JACOBSON, DONALD E	1.2 NAME	LARRY SUMMERLIN
STREET ADDRESS	1363 BAYSHORE DR.	1.3 STREET ADDRESS	601 S. OCEAN DR.
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	VID	2.1 TITLE	TSD ☑ Change ☐ Addition
NAME	MCALLISTER, PHYLLIS	2.2 NAME	PHYLLIS MCALLISTER
STREET ADDRESS	509 IXORIA AVE	2.3 STREET ADDRESS	601 S. OCEAN DR.
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	SD	3.1 TITLE	D ☑ Change ☐ Addition
NAME	MATTHEWS, ANGIE	3.2 NAME	ANGIE MATTHEWS
STREET ADDRESS	511 IXORIA AVE	3.3 STREET ADDRESS	511 IXORIA AVE.
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	FT. PIERCE, FL 34982
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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REM... BY MAY 1

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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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Phyllis McAllister 4-25-95 407-461-6135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PHYLLIS McALLISTER