2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State
01-29-2007 90101 001 ***150.00

DOCUMENT # 765997

1. Entity Name
TOWNE SQUARE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
492 MAPLE AVENUE FT. PIERCE, FL 34982	P.O. BOX 1287 FORT PIERCE, FL 34954

DO NOT WRITE IN THIS SPACE

01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number
46-8340522
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BASS, R. DALE
4686 ANDREWS AVENUE
FORT PIERCE, FL 34945

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BASS, R. DALE
STREET ADDRESS	8686 ANDREWS AVENUE
CITY-ST-ZIP	FT. PIERCE, FL 34945
TITLE	SD
NAME	BASS, DIANNA L
STREET ADDRESS	8686 ANDREWS AVENUE
CITY-ST-ZIP	FT. PIERCE, FL 34945
TITLE	TD
NAME	TRIMARCO, ROBERT
STREET ADDRESS	123 S.W. SEBRING CIRCLE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: Dianna Bass Dianna Bass, Secretary 1/18/07 772/461-6669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #