2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State
03-22-2007 90012 035 ****61.25

DOCUMENT # N05000001184

1. Entity Name
TOWN CENTER HOMEOWNERS' ASSOCIATION, INC.

60027344

Principal Place of Business	Mailing Address
5401 S. Kirkman Rd., Ste. 450 Orlando, FL 32819	5401 S. Kirkman Rd., Ste. 450 Orlando, FL 32819

01122007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2297682 ☐ Applied For ☐ Not Applicable

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
FLORIDA ASSOCIATION MANAGEMENT, INC. 3361 W VINE ST STE 208 KISSIMMEE, FL 34741	Community Management Professionals, Inc 5401 S. Kirkman Rd., Ste. 450 Orlando, FL, 32819 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: Carpenter, Pres. DATE: 3-1-07
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAZARO, BENARD 3580 HOMETOWN LN SAINT CLOUD, FL 34769	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Susan Hottbohm 3431 Home Town Lane St. Cloud, FL 34769	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LAMM, ARTHUR 3561 HOMETOWN LN SAINT CLOUD, FL 34769	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tres. Mary Johnson 3440 Home Town Lane St. Cloud, FL 34769	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CINESI, JOSEPH 3460 HOMETOWN LN SAINT CLOUD, FL 34769	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Scott Fick 3521 Home Town Lane St. Cloud, FL 34769	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Mary Johnson 3/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #