2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N05000001184

Entity Name: TOWN CENTER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5401 SOUTH KIRKMAN ROAD, STE 450
ORLANDO, FL 32819

New Principal Place of Business:

5401 SOUTH KIRKMAN ROAD,
450
ORLANDO, FL 32819

Current Mailing Address:

5401 SOUTH KIRKMAN ROAD, STE 450
ORLANDO, FL 32819

New Mailing Address:

5401 SOUTH KIRKMAN ROAD,
450
ORLANDO, FL 32819

FEI Number: 20-2297682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC
5401 S KIRKMAN RD, STE 450
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC
5401 S KIRKMAN RD,
450
ORLANDO, FL 32819 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: KAREN SFARA 01/28/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOTTBOHM, SUSAN
Address: 3431 HOME TOWN LANE
City-St-Zip: SAINT CLOUD, FL 34769

Title: T ( ) Delete
Name: JOHNSON, MARY
Address: 3440 HOME TOWN LANE
City-St-Zip: SAINT CLOUD, FL 34769

Title: S ( ) Delete
Name: FICK, SCOTT
Address: 3521 HOME TOWN LANE
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NOTTBOHM, SUSAN
Address: 3431 HOME TOWN LANE
City-St-Zip: SAINT CLOUD, FL 34769

Title: VP (X) Change ( ) Addition
Name: JOHNSON, MARY
Address: 3440 HOME TOWN LANE
City-St-Zip: SAINT CLOUD, FL 34769

Title: ST (X) Change ( ) Addition
Name: FICK, SCOTT
Address: 3521 HOME TOWN LANE
City-St-Zip: SAINT CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN NOTTBOHM P 01/28/2009
Electronic Signature of Signing Officer or Director Date