

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:10

DOCUMENT # N11122 (1)
1. Corporation Name
TOWNE SQUARE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Principal Place of Business Mailing Address
P.O. BOX 30465 PENSACOLA FL 32503-1465
P.O. BOX 30465 PENSACOLA FL 32503-1465

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/17/1985** 3a. Date of Last Report **03/04/1994**
4. FEI Number **59-2607260** Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**ETHERIDGE, RAY O.
4711-A SCENIC BLVD.
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LARIVIERE, RAY
STREET ADDRESS	5051 GRANDE DR A-3
CITY - ST - ZIP	PENSACOLA FL
TITLE	TD
NAME	JONES, RACHEL
STREET ADDRESS	5051 GRANDE DR #L-5
CITY - ST - ZIP	PENSACOLA FL 32504
TITLE	VD
NAME	FELTON, ROY
STREET ADDRESS	5051 GRANDE DR A-4
CITY - ST - ZIP	PENSACOLA FL
TITLE	VB
NAME	LARIVIERE, RAY
STREET ADDRESS	5051 GRANDE DR A-3
CITY - ST - ZIP	PENSACOLA FL 32504
TITLE	SD
NAME	MUNSTEREIFEL, CAROL A.
STREET ADDRESS	5051 GRANDE DR. J-1
CITY - ST - ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	APOSTLE, GEORGE
3.3 STREET ADDRESS	3610 SUMMIT BLVD
3.4 CITY - ST - ZIP	PENSACOLA, FL 32503-5156
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DELETE. SEE ABOVE SAME PERSON
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 113.07(3)(b), 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: Rachel Jones
RACHEL JONES, TD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
14 FEB 1995 (904) 478-3799
Date Initial Printed