

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **09/17/1985**  
3e. Date of Last Report: **02/22/1995**

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number <b>59-2607260</b>	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ETHERIDGE, RAY O.  
4711-A SCENIC BLVD.  
PENSACOLA FL 32504**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	<b>FL</b>
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>PD</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>LANNIERE, RAY</del>	1.2 NAME	PEPPER, LUCIA
STREET ADDRESS	<del>5051 GRANDE DR #3</del>	1.3 STREET ADDRESS	5051 Grande Dr B-6
CITY-ST-ZIP	<del>PENSACOLA FL</del>	1.4 CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RACHEL	2.2 NAME	
STREET ADDRESS	5051 GRANDE DR #L-5	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APOSTLE, GEORGE	3.2 NAME	
STREET ADDRESS	3610 SUMMIT BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	<del>SD</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>MUNSTERPIFFEL, CAROL A.</del>	4.2 NAME	WEATHERFORD, WILLIAM
STREET ADDRESS	<del>5051 GRANDE DR #3</del>	4.3 STREET ADDRESS	5051 Grande Dr G-6
CITY-ST-ZIP	<del>PENSACOLA FL</del>	4.4 CITY-ST-ZIP	Pensacola, FL 32504
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 TD 12 Mar 1996 (904) 478-3799  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)