FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

: 1

(1)

TOWNE SQUARE HOMEOWNERS ASSOCIATION OF PENSACOLA

Principal Place of Business Mailing Address P.O. BOX 30465 PENSACOLA FL 32503-1465 P.O. BOX 30465 3. Date Incorporated or Qualified PENSACOLA FL 32503-1465 <u>09/17/1985</u> 4. FEI Number 59-2607260 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 23 28 Country This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WEATHERFORD, WILLIAM D Street Address (P.O. Box Number is Not Acceptable) **5051 GRANDE DRIVE** A3 #G-6 PENSACOLA FL 32504 City Zip Code

office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the appointment as registered agent. I am in this later with an accept the appointment as registered agent.						
1011111 11111 11111 1111 1111 1111 1111 1111						
SIGNATURE Signature, typed or printed name of registered agent and title if application (NOTE: Registered Agent and title if application) DATE						
12.	OFFICERS AND DIRECTORS		13.		OFFICERS AND DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE		☐ Change	Addition
NAME	WEATHERFORD, WILLIAM		1.2 NAME			l i
STREET ADDRESS	5051 GRANDE DRIVE, #G-6		1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		1.4 City-St-ZIP			
TITLE	VD	DELETE	2.1 TITLE		Change	Addition
NAME	APOSTLE, GEORGE		2.2 NAME			1
STREET ADDRESS	3610 SUMMIT BLVD		2.3 STREET ADDRESS			ſ
CITY - ST - ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP			
TITLE	•	X DELETE	3.1 TITLE		☐ Change	☐ Addition
HAME	WEATHERFORD, WILLIAM		3.2 NAME			1
STREET ADDRESS	5051 GRANDE DRIVE G-6		3.3 STREET ADDRESS			
CITY - ST - ZIP	PENSACOLA FL		3.4. CITY - ST - ZIP			
TITLE	SD	DELETE	4.1 TITLE		☐ Change	Addition
HAME	NESTOR, PAULINE		4. 2 NAME			Ì
STREET ADDRESS	5051 GRANDE DRIVE, #G-5		4.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		4.4 City-St-ZiP			
TITLE	TD	DELETE	5.1 TITLE		Change	☐ Addition
NAME	SCHMIDT, RAE M		5.2 NAME			ļ
STREET ADDRESS	5051 GRANDE DRIVE, #B-3		5.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP			
TITLE	J	DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			ļ
STREET ADDRESS			6.3 STREET ADDRESS			Ī

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 an analysis and the anaddress.

SIGNATURE:

FILED

Apr 02 1998 8:00am

Secretary of State