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**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90019 001 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N11122**

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/17/1985	4. FEI Number 59-2607260 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**WEATHERFORD, WILLIAM D**  
**5051 GRANDE DRIVE**  
**#G-6**  
**PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81 Name **RAE MARIE SCHMIOT**  
 82 Street Address (P.O. Box Number is Not Acceptable) **5051 GRANDE DRIVE**  
 83 **# B-3**  
 84 City **PENSACOLA** FL 85 Zip Code **32504**

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 *Rae Marie Schmiot, Pres.* **RAE MARIE SCHMIOT, PRESIDENT** DATE **3-23-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WEATHERFORD, WILLIAM	
STREET ADDRESS	5051 GRANDE DRIVE, #G-6	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	APOSTLE, GEORGE	
STREET ADDRESS	3610 SUMMIT BLVD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NESTOR, PAULINE	
STREET ADDRESS	5051 GRANDE DRIVE, #G-5	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHMIDT, RAE M	
STREET ADDRESS	5051 GRANDE DRIVE, #B-3	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<del>LEE STRIBER</del> <b>BEATRICE D. SYKES</b>
5.3 STREET ADDRESS	<b>5051 GRANDE DR. # K-6</b>
5.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32504</b>
6.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>LEE STRIBER</b>
6.3 STREET ADDRESS	<b>5051 GRANDE DR. # G3</b>
6.4 CITY-ST-ZIP	<b>PENSACOLA, FL. 32504</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE *Rae Marie Schmiot, Pres.* **SIGNATURE REQUIRED** DATE **3/23/99** DAYTIME PHONE # **850-476-6170**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RAE MARIE SCHMIOT, PRESIDENT**

CR2E037 (1/198)