


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90004 023 \*\*\*\*70.00

**DOCUMENT # N11122**

1. Entity 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

07001010



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

07152004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-2607260**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SCHMITZ, TURA**  
**5051 GRANDE DRIVE**  
**#B-3**  
**PENSACOLA, FL 32504**

7. Name and Address of New Registered Agent  
Name **Westfall, Martha**  
Street Address (P.O. Box Number is Not Acceptable)  
**5051 Grande Drive**  
**L-4**  
City **Pensacola** FL Zip Code **32504**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Martha Westfall Martha Westfall, Treas. 7/20/04  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARGER, LINDA	
STREET ADDRESS	5051 GRANDE DRIVE, #L-2	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SEMILKOSE, AARON	
STREET ADDRESS	5051 GRANDE DR.3-E	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WEATHERFORD, WILLIAM	
STREET ADDRESS	5051 GRANDE DRIVE, #G-8	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BODNAR, CAROL	
STREET ADDRESS	5051 GRANDE DRIVE, #J-1	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lowell, Polly	
STREET ADDRESS	5051 Grande Drive M-2	
CITY-ST-ZIP	Pensacola FL 32504	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Westfall, Martha	
STREET ADDRESS	5051 Grande Drive L-4	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwards, Mary	
STREET ADDRESS	5051 Grande Drive B-5	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Harger July 20, 2004 850-438-7561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #