


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N11122 1. Entity Name TOWNE SQUARE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.	
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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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DO NOT WRITE IN THIS SPACE



04232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2607260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODS, SIDNEY
 5251 GRANDE DRIVE
 M-3
 PENSACOLA, FL 32504

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

Filing Fee is \$61.25 Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMITZ, TURA 5051 GRANDE DRIVE, B-3 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOENER, JUDY 5051 GRANDE DR., D-2 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INOODS, SIDNEY 5051 GRANDE DR., M-3 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, MARY 5051 GRANDE DRIVE B-5 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/17/07-80048-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: S. S. Woods - TREAS. **4-27-07 850 477 2898**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

S S Woods