2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9700005894 1. Entity Name TOWNHOMES BY THE GULF AT SAN PEBBLE HOMEOWNERS A SSOCIATION, INC. Principal Place of Business Mailing Address -10730 US 19 10730 US 19 -31E 17

FILED Apr 07, 2002 8:00 am § Secretary of State 04-07-2002 90041 047 ****61.25

PT. RICHEY FL 34808	PT. RICHEY FL 34668		1 1 0 0 1 1 1 0 1 1 1 1 1 1 1	iste 18 <i>012 00121 80121 00211 0021</i> 1	AIAI AKKAZ IAIZA KA	112 0 1 01 1 0 1 1		
2. Principal Place of Business COMMUNITY MANAGEMEN Suite, Apt. #SERVICES, INC.	SER	VICES, INC.		DO NOT WRITE IN THIS SPACE				
8056 OLD C.R. 54 NEW PORT RICHEY, FL 3465	8056 OLD C.R. 54 CityNEW PORT RICHEY, FL 3		ZAA SE Number	4.5.5 Number Applied For Not Applicable				
Zip . Country	Zip Country			5. Certificate of Status Desired See Required				
6. Name and Address of Current F	6. Name and Address of Current Registered Agent 7. No				7. Name and Address of New Registered Agent			
	1,	Name Kim Johnson						
QUALIFIED PROPERTY MANAGEMENT, INC. 10730 US 17 STE-17		Street Community Number is Not Acceptable) Services, Inc.						
PORT RICHEY FL 34668	,	805	6 Old C.R.	54				
1 01000	City New			Port Richey FL Zi34653				
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.								
	$\Delta \sqrt{\Lambda}$							
SIGNATURE	my person	/ ven		27-02		\		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE								
FILE NOW: FEE IS \$61.25	\$5.00 May Be Added to Fees							
10. OFFICERS AND DIR	FCTORS 1	11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	10		
TITLE DP	Delete		D		☐ Change	Addition		
NAME MARKHAM, JAMES D	- M	NAME S	idney Freed	lman				
STREET ADDRESS 10730 US 19 # 17						3		
CITY-ST-ZIP PORT RICHEY FL 34668		CITY-ST-ZIP						
TITLE DV	Delete		D ary Tucci		☐ Change	Addition		
NAME WILES, RICHARD E STREET ADDRESS 10730 US 19 # 17	ν(246 Aquila	Street				
CITY-ST-ZIP PORT RICHEY FL 34668	,		ort Richey,			[
TITLE DST	Delete	TITLE T	D	· ·- ·	☐ Change	Addition		
NAME MARKHAM, JUDY L.		NAME R	ichard Robe	r				
STREET ADDRESS 100730 US 19 # 17			308 Aquila ort Richey,			}		
CITY-ST-ZIP PORT RICHEY FL 34668		 		FL 34000		N- Andrews		
TITLE	☐ Delete	4 III.E	ayne Bennet	.t	☐ Change	Addition		
STREET ADDRESS		STREET ADDRESS 8	230 Brent S	treet		}		
CITY-ST-ZIP		<u> </u>	ort Richey,	FL 34668				
TITLE	☐ Delete	TITLE D	ran Gantt		Change	Addition		
NAME GTOSET ADDRESS		I NAME Q	202 Brent S	treet	′			
STREET ADDRESS CITY-ST-ZIP			ort Richey,			}		
TITLE		TITLE			☐ Change	Addition		
NAME	FT DRIBIR	NAME						
STREET ADDRESS		STREET ADDRESS				1		
CITY-\$1-ZIP		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.