

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90207 008 \*\*\*\*61.25

DOCUMENT # N97000005894



1. Entity Name  
TOWNHOMES BY THE GULF AT SAN PEBBLE  
HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business  
COMMUNITY MANAGEMENT SERVICES, INC  
8056 OLD CR 54  
NEW PORT RICHEY, FL 34653

Mailing Address  
COMMUNITY MANAGEMENT SERVICES, INC  
8056 OLD CR 54  
NEW PORT RICHEY, FL 34653



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-3522954

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

7. Name and Address of New Registered Agent

JOHNSON, KIM  
COMMUNITY MANAGEMENT SERVICES, INC  
8056 OLD CR 54  
NEW PORT RICHEY, FL 34653

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD  Delete  
NAME BECKER, GEORGE  
STREET ADDRESS 8223 AQUILA STREET  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE VPD  Change  Addition  
NAME Sid Freedman  
STREET ADDRESS 8205 Aquila Street  
CITY-ST-ZIP Port Richey, FL 34668

TITLE D  Delete  
NAME SAMSEL, RONALD  
STREET ADDRESS 8248 AQUILA ST.  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE D  Change  Addition  
NAME Steven O'Neill  
STREET ADDRESS 8306 Aquila Street  
CITY-ST-ZIP Port Richey, FL 34668

TITLE STD  Delete  
NAME ROBER, RICHARD  
STREET ADDRESS 8230 AQUILA ST.  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE SD  Change  Addition  
NAME Dorothy Dolman  
STREET ADDRESS 8202 Brent Street  
CITY-ST-ZIP Port Richey, FL 34668

TITLE PD  Delete  
NAME BENNETT, WAYNE  
STREET ADDRESS 8230 BRENT STREET  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE TD  Change  Addition  
NAME Timothy Daily  
STREET ADDRESS 8242 Aquila Street  
CITY-ST-ZIP Port Richey, FL 34668

TITLE D  Delete  
NAME COOK, DAVID  
STREET ADDRESS 5 KINGFISHER PL. ST. JOHN'S  
CITY-ST-ZIP NEWFOUNDLAND, CA a1a 4r2

TITLE PD  Change  Addition  
NAME Richard Rober  
STREET ADDRESS 8230 Aquila Street  
CITY-ST-ZIP Port Richey, FL 34668

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: Richard Rober Richard Rober 4/23/04 727-375-9880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #