


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90045 010 ****61.25

DOCUMENT # N97000005894			
1. Entity Name TOWNHOMES BY THE GULF AT SAND PEBBLE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business COMMUNITY MGMT SRVS 5609 45 19 STE NEW PORT RICHEY, FL 34652		Mailing Address COMMUNITY MGMT SRVS 5609 45 19 STE NEW PORT RICHEY, FL 34652	
2. Principal Place of Business - No P.O. Box # 5837 Trable Creek Rd.		3. Mailing Address 5837 Trable Creek Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New Port Richey, FL		City & State New Port Richey, FL	
4. FEI Number 59-3522954		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 COMMUNITY MGMT SRVS., INC 5609 US 19 STE E NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name Community Management Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 5837 Trable Creek Rd. City New Port Richey, FL Zip Code 34652	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD TRIOLA, ROBERT SR 8230 AQUILA ST PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Steven O'Neill 8306 Aquila St. Port Richey, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRIOLA, ROBERT JR 8207 AQUILA ST PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DAILY, TIM 8242 AQUILA STREET PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEILL, STEVEN 8306 AQUILA STREET PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCHELEK, JOSEPH 8226 BRENT ST PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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: <u>Tim Daily</u>		Date: <u>4/1/08</u> Daytime Phone #: <u>727-816-9900</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			