

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005894

FILED
Apr 24, 2009
Secretary of State

Entity Name: TOWNHOMES BY THE GULF AT SAND PEBBLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3522954 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC.
5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: O'NEIL, STEVEN
Address: 8306 AGUILA ST
City-St-Zip: PORT RICHEY, FL 34668

Title: VPD () Delete
Name: TRIOLA, ROBERT JR
Address: 8207 AQUILA ST
City-St-Zip: PORT RICHEY, FL 34668

Title: TR () Delete
Name: DAILY, TIM
Address: 8242 AQUILA STREET
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: O'NEILL, STEVEN
Address: 8306 AQUILA STREET
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: STOCHOLEK, JOSEPH
Address: 8226 BRENT ST
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: O'NEIL, STEVEN
Address: 8306 AGUILA ST
City-St-Zip: PORT RICHEY, FL 34668

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: DAILY, TIM
Address: 8242 AQUILA STREET
City-St-Zip: PORT RICHEY, FL 34668

Title: PD (X) Change () Addition
Name: TRIOLA, ROBERT SR
Address: 8207 AQUILA STREET
City-St-Zip: PORT RICHEY, FL 34668

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY DAILY

T

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date