

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 10 PM 2:15

DOCUMENT # 715711 (8)

1. Corporation Name

TOWN HOUSE ESTATES HOME OWNERS' ASSOCIATION, INC

Principal Place of Business

100 EMERALD PLACE EAST
INDIAN HARBOUR BCH FL 32937

Mailing Address

100 EMERALD PLACE EAST
INDIAN HARBOUR BCH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/12/1968

3a. Date of Last Report
03/09/1994

4. FEI Number
59-1539862

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**DRAEGER, ETHEL P.
1026 CHEYENNE BLVD
INDIAN HARBOUR BEACH FL 32937**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROGERS, HARRY H.
STREET ADDRESS 226 EMERALD DRIVE NORTH
CITY-ST-ZIP INDIAN HRBR BCH FL 32937

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME CLARK, EARL
STREET ADDRESS 206 EMERALD DRIVE NORTH
CITY-ST-ZIP INDIAN HRBR BCH FL 32937

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME DRAEGER, ETHEL P.
STREET ADDRESS 1026 CHEYENNE BLVD
CITY-ST-ZIP INDIAN HRBR BCH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME BOBBITT, AMY B.
STREET ADDRESS 215 EMERALD DR. N.
CITY-ST-ZIP INDIAN HRBR BCH, FL00000

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME PARIS, BILLIE JO.
STREET ADDRESS 203 EMERALD DR NORTH
CITY-ST-ZIP INDIAN HRBR BCH FL 32937

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME ANDERSON, JOHN
STREET ADDRESS 209 EMERALD DRIVE NORTH
CITY-ST-ZIP INDIAN HARBOUR BEACH FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

DIRECTOR
Joseph Maceda
227 Emerald Drive North
Indian Harbour Bch, FL 32937
DIRECTOR
James Carrigan
307 Emerald Place East
Indian Harbour Bch, FL 32937

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE:

Ethel P. Draeger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ETHEL P. DRAEGER, Secretary

1/24/95
Date

407-773-8819
Telephone Number