

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 715711 (8)

1. Corporation Name

TOWN HOUSE ESTATES HOME OWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

100 EMERALD PLACE EAST  
INDIAN HARBOUR BCH FL 32937100 EMERALD PLACE EAST  
INDIAN HARBOUR BCH FL 32937-36113. Date Incorporated or Qualified  
12/12/19683a. Date of Last Report  
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

4. FEI Number

59-1539662

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐Yes ☐ No

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

Kathleen Tegreene

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

402 Emerald Drive South

83 City

Indian Harbour Bch., FL 32937

84 Zip Code

FL 85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Kathleen Tegreene*

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

(NOTE: Registered Agent signature required when reinstating)

2-10-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME DUNCAN, ROBERT C.  
STREET ADDRESS 302 PALM SPRINGS BLVD  
CITY - ST - ZIP INDIAN HRBR BCH FLTITLE VD  
NAME ROSE, RICHARD  
STREET ADDRESS 303 EMERALD PLACE EAST  
CITY - ST - ZIP INDIAN HRBR BCH FLTITLE SD  
NAME TEGREENE, KATHLEEN  
STREET ADDRESS 402 EMERALD DRIVE SOUTH  
CITY - ST - ZIP INDIAN HRBR BCH FLTITLE TD  
NAME BOBBITT, AMY B.  
STREET ADDRESS 215 EMERALD DR. N.  
CITY - ST - ZIP INDIAN HRBR BCH, FL 00000TITLE D  
NAME SCHULTZ, RITA  
STREET ADDRESS 420 EMERALD DRIVE SOUTH  
CITY - ST - ZIP INDIAN HARBOUR BEACH FLTITLE D  
NAME CARRIGAN, JAMES  
STREET ADDRESS 307 EMERALD PLACE EAST  
CITY - ST - ZIP INDIAN HARBOUR BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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 *James B. Carrigan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97 (407) 773-2356

Date Daytime Phone # 3040744

CR2E037 (9/96)