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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715711

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

12/12/1968

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

9. Name and Address of Current Registered Agent

**CARRIGAN, ANNE
307 EMERALD PL EAST
INDIAN HARBOUR BEACH FL 32937**

10. Name and Address of New Registered Agent

81 Name **WILLIAM FONGEALLAZ**
82 Street Address (P.O. Box Number is Not Acceptable)
331 EMERALD PL. WEST
83
84 City **INDIAN HAR BCH** **85** Zip Code **FL 32937**

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

William Fongeallaz, Vice President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 26, 1999
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD ROSE, DICK**
STREET ADDRESS **303 EMERALD PL EAST**
CITY-ST-ZIP **INDIAN HRBR BCH FL 32937**

TITLE ☒ DELETE
NAME **SD CARRIGAN, ANNE**
STREET ADDRESS **307 EMERALD PL EAST**
CITY-ST-ZIP **INDIAN HRBR BCH FL 32937**

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

TITLE ☒ DELETE
NAME **D BIRCHWOOD, ELIZABETH**
STREET ADDRESS **430 EMERALD DRIVE SOUTH**
CITY-ST-ZIP **INDIAN HARBOUR BEACH FL**

TITLE ☒ DELETE
NAME **D BOAN, ROBERT**
STREET ADDRESS **422 EMERALD DRIVE SOUTH**
CITY-ST-ZIP **INDIAN HARBOUR BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **WILLIAM FONGEALLAZ**
1.3 STREET ADDRESS **331 EMERALD PLACE WEST**
1.4 CITY-ST-ZIP **INDIAN HRB BCH, FL 32937**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **S/D SHARON SCHNEIDER**
2.3 STREET ADDRESS **221 EMERALD DR. NORTH**
2.4 CITY-ST-ZIP **INDIAN HRB BCH, FL 32937**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **RUTH STABLER**
3.3 STREET ADDRESS **418 EMERALD DR. SOUTH**
3.4 CITY-ST-ZIP **INDIAN HRB BCH, FL 32937**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **FRANK BROCKERMANN**
4.3 STREET ADDRESS **425 EMERALD DR. SOUTH**
4.4 CITY-ST-ZIP **INDIAN HRB BCH, FL 32937**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **JOANN CAMPBELL**
5.3 STREET ADDRESS **202 EMERALD DR. NORTH**
5.4 CITY-ST-ZIP **INDIAN HRB BCH, FL 32937**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **MIA ROGERS**
6.3 STREET ADDRESS **226 EMERALD DR. NORTH**
6.4 CITY-ST-ZIP **INDIAN HRB BCH, FL 32937**

14. 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 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, with all other like empowered.

SIGNATURE: *William Fongeallaz, Vice President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 8, 1999
Date

407-777-4687
Daytime Phone #

CR2E037 (11/98)