

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90129 005 ****61.25

DOCUMENT # 766539

1. Corporation Name

TOWN OAKS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

103 S US 1
FS-135
JUPITER FL 33477
US

Mailing Address

103 S US HWY 1
HF5-135
JUPITER FL 33477
US



2. Principal Place of Business

21 Suite, Apt. #; etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #; etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

01/13/1983

4. FEI Number

59-2566901

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

INGLIS, STEVE
C/O BRISTOL MGMT
103 S US1, F5-135
JUPITER FL 33477

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DD ☐ DELETE

NAME MCCLOSKEY, DEBORAH

STREET ADDRESS 1041 RAINTREE

CITY-ST-ZIP PALM BCH GRDNS FL 33410

TITLE P ☐ DELETE

NAME DODGE, CHUCK

STREET ADDRESS 1093 RAINTREE CT.

CITY-ST-ZIP PALM BCH. GRDNS FL

TITLE VP ☐ DELETE

NAME HUNT, SAM

STREET ADDRESS 1019 RAINTREE DR.

CITY-ST-ZIP PALM BEACH GDNS FL

TITLE DD ☐ DELETE

NAME VUKOVICH, PETER

STREET ADDRESS 1057 RAINTREE

CITY-ST-ZIP PALM BCH GRDNS FL 3341

TITLE DD ☐ DELETE

NAME MILLER, CHET

STREET ADDRESS 1095 RAINTREE CT

CITY-ST-ZIP PALM BCH GRDNS FL 33410

TITLE T ☐ DELETE

NAME TROTTER, PATRICIA

STREET ADDRESS 1089 RAINTREE DR.

CITY-ST-ZIP PALM BEACH GARDENS FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Charles W DODGE 4-1-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0046806