

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90005 026 ****61.25

DOCUMENT # 715711 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1539862	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOGEN, CAROL A 412 EMERALD DRIVE SOUTH INDIAN HARBOUR BEACH, FL 32937				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, DICK 303 EMERALD PLACE E INDIAN HRBR BCH, FL 32937	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REBHOLZ, EUGENE 328 EMERALD PL.W. INDIAN HRBR BCH, FL 32937	<input checked="" type="checkbox"/> Delete		VD CLARE TEGREENE 1024 CHEYENNE BLVD. INDIAN HARBOUR BEACH FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD METZ, KATHY 210 EMERALD DRIVE N. INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete		SD TERRY FISCELLA 406 EMERALD DR. S. INDIAN HARBOUR BEACH FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOGEN, CAROL A 412 EMERALD DRIVE SOUTH INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVANTINO, SUSAN 220 EMERALD DR. N INDIAN HARBOUR BCH, FL 32937	<input type="checkbox"/> Delete		D DEVIN MCHUGH 416 EMERALD DR. S. INDIAN HARBOUR BEACH FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCELLA, JOHN 406 EMERALD DRIVE N. INDIAN HARBOUR BCH, FL 32937	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Carol A. Bogen</u> CAROL A. BOGEN 1-4-05 321 773-2566 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					