

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90003 015 ****61.25

DOCUMENT # 766539

1. Entity Name
TOWN OAKS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**1950 COMMERCE LA.
#1
JUPITER, FL 33458 US**

Mailing Address
**1930 COMMERCE LA.
#1
JUPITER, FL 33458 US**

40041986



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2566901

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**INGLIS, STEVE
1930 COMMERCE LA.
JUPITER, FL 33458**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CROWDER, WESLEY B**
STREET ADDRESS **1055 RAIN TREE DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **D** ☐ Delete
NAME **KLORFIENE, JONATHAN**
STREET ADDRESS **1078 RAIN TREE LANE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **DS** ☐ Delete
NAME **NORDINE, TAMMY**
STREET ADDRESS **1097 RAIN TREE COURT**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **D** ☐ Delete
NAME **DANIELS, ELIZABETH**
STREET ADDRESS **1043 RAIN TREE DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **DT** ☐ Delete
NAME **TROTTER, PATRICIA**
STREET ADDRESS **1089 RAIN TREE DR.**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **T/S** ☐ Delete
NAME **ADAM, NAGLE**
STREET ADDRESS **1024 RAIN TREE DR.**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRES.** ☐ Change ☒ Addition
NAME **PAUL PAGE**
STREET ADDRESS **1099 RAIN TREE LN**
CITY-ST-ZIP **PB6 FL 33410**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V.P.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V.P.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V.P.** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

P. SPAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07

Date

5215753551

Daytime Phone #