

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 715711</b> 1. Entity Name <b>TOWN HOUSE ESTATES HOME OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>100 EMERALD PLACE EAST INDIAN HARBOUR BCH, FL 32937</b>			Mailing Address <b>100 EMERALD PLACE EAST INDIAN HARBOUR BCH, FL 32937</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01052009    Chg-NP    CR2E037 (11/08)	
City & State		City & State		4. FEI Number <b>59-1539623</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, JOHN L 100 EMERALD PLACE EAST INDIAN HARBOUR BEACH, FL 32937</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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:     (NOTE: Registered Agent signature required when reinstating)    DATE:					
<b>Filing Fee is \$61.25 Due by May 1, 2009</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARJORIE, ROSE 303 EMERALD PLE. INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YD LINDBLAD, NEIL 330 EMERALD PL. W. INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORTRIGHT, JAMES 201 EMERALD DR. N INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADY, DEVIN 416 EMERALD DR. S. INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRAEGER, PAT 1026 CHEYENNE BLVE INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REBHOLZ, EUGENE 325 EMERALD PL. W. INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOFIELD, CAROL 205 EMERALD DR. N INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MARY 306 EMERALD PLE. INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/11/09-01029--003    **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 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:     (NOTE: Registered Agent signature required when reinstating)    Date:    Daytime Phone #:					

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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