

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N05000010869

Entity Name: 106TH AVENUE TOWNHOMES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10623 - 106TH AVENUE NORTH  
LARGO, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 7568  
S EMINOLE, FL 33775

**New Mailing Address:**

C/O MIKE HENDRY  
PO BOX 8373  
MADEIRA BEACH, FL 33738

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHULER, TIMOTHY C  
9075 SEMINOLE BOULEVARD  
SEMINOLE, FL 33772 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HENDRY, JAMES M  
Address: P.O. BOX 7568  
City-St-Zip: SEMINOLE, FL 33775

Title: DST ( ) Delete  
Name: STAMM, GLENN  
Address: P.O. BOX 7568  
City-St-Zip: SEMINOLE, FL 33775

Title: D ( ) Delete  
Name: SCHULER, TIMOTHY  
Address: 9075 SEMINOLE BOULEVARD  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. HENDRY

PD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date