

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766539

FILED
Apr 17, 2009
Secretary of State

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

Current Principal Place of Business:

1950 COMMERCE LA.
#1
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

1930 COMMERCE LA.
#1
JUPITER, FL 33458 US

New Mailing Address:

FEI Number: 59-2566901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGLIS, STEVE
1930 COMMERCE LA.
JUPITER, FL 33458 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: T () Delete
Name: CROWDER, WESLEY B
Address: 1055 RAINTREET DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP () Delete
Name: PAGE, PAUL
Address: 1099 RAINTREE LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: P () Delete
Name: NORDINE, TAMMY
Address: 1097 RAINTREE COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: DANIELS, ELIZABETH
Address: 1043 RAINTREE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S () Delete
Name: TROTTER, PATRICIA
Address: 1089 RAINTREE DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

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: TAMMY NORDINE

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

Date