

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90005 036 ****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**

40001210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1539862**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOGEN, CAROL A
412 EMERALD DRIVE SOUTH
INDIAN HARBOUR BEACH FL 32937**

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FONGEALLAZ, WILLIAM
STREET ADDRESS 331 EMERALD PLACE W.
CITY-ST-ZIP INDIAN HRBR BCH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME REBHOLZ, EUGENE
STREET ADDRESS 328 EMERALD PL.W.
CITY-ST-ZIP INDIAN HRBR BCH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME ROSE, DICK
STREET ADDRESS 303 EMERALD PL. E.
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME BOGEN, CAROL A
STREET ADDRESS 412 EMERALD DRIVE SOUTH
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CAMPBELL, JOANN
STREET ADDRESS 202 EMERALD DRIVE NORTH
CITY-ST-ZIP INDIAN HARBOUR BCH FL 32937 ☒ Delete

TITLE D
NAME LEVANTINO, SUSAN
STREET ADDRESS 220 EMERALD DR. N.
CITY-ST-ZIP INDIAN HARBOUR BCH, FL 32937 ☐ Change ☒ Addition

TITLE D
NAME ROGERS, MIA
STREET ADDRESS 226 EMERALD DRIVE NORTH
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 ☒ Delete

TITLE D
NAME METZ, KATHY
STREET ADDRESS 210 EMERALD DR. N.
CITY-ST-ZIP INDIAN HARBOUR BCH, FL 32937 ☐ Change ☐ 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:

CAROL A. BOGEN
CAROL A. BOGEN

1-5-03 321 773-2566

CR2E037 (10/02)