DOCUMENT# 715711		

Entity Name: TOWN HOUSE ESTATES HOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3270 SUNTREE BOULEVARD SUITE 216 MELBOURNE, FL 32940

Current Mailing Address:

3270 SUNTREE BOULEVARD SUITE 216 MELBOURNE, FL 32940 US

FEI Number: 59-1539623

Name and Address of Current Registered Agent:

OMEGA COMMUNITY MANAGEMENT, INC. 3270 SUNTREE BOULEVARD SUITE 216 MELBOURNE, FL 32940 US

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	: DAVID HOFFMAN			04/21/2016
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	PD.	Title	VP	
Name	PICKTON, ROBERT	Name	LINDBLAD, NEIL	
Address	3270 SUNTREE BOULEVARD SUITE 216	Address	3270 SUNTREE BOULEVARD SUITE 216	
City-State-Zip:	MELBOURNE FL 32940	City-State-Zip:	MELBOURNE FL 32940	
Title	SD.	Title	TD	
Name	BLACKMORE, WILLIE	Name	LADY, FRANK	
Address	3270 SUNTREE BOULEVARD SUITE 216	Address	3270 SUNTREE BOULEVARD SUITE 216	
City-State-Zip:	MELBOURNE FL 32940	City-State-Zip:	MELBOURNE FL 32940	
Title	D.	Title	D.	
Name	REBHOLZ, EUGENE	Name	WILLIAMS, MARY	
Address	3270 SUNTREE BOULEVARD SUITE 216	Address	3270 SUNTREE BOULEVARD SUITE 216	
City-State-Zip:	MELBOURNE FL 32940	City-State-Zip:	MELBOURNE FL 32940	
Title	DIRECTOR			
Name	SHUBERT, BC			
Address	3270 SUNTREE BOULEVARD SUITE 216			
City-State-Zip:	MELBOURNE FL 32940			

I hereby 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 all other like empowered.

SIGNATURE	ROBERT PICKTON	PRESIDENT	04/21/2016
	Electronic Signature of Signing Officer/Director Detail		Date

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: No