

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715711

Entity Name: TOWN HOUSE ESTATES HOME OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**7145 TURNER ROAD
SUITE 101
ROCKLEDGE, FL 32955**Current Mailing Address:**7145 TURNER ROAD
SUITE 101
ROCKLEDGE, FL 32955 US**FEI Number:** 59-1539623**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OMEGA COMMUNITY MANAGEMENT, INC.
7145 TURNER ROAD
SUITE 101
ROCKLEDGE, FL 32955 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

04/13/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name PICKTON, ROBERT
Address 7145 TURNER ROAD
SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title VP
Name TAYLOR, LACY
Address 7145 TURNER ROAD
SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title SEC
Name WILLIAMS, MARY
Address 7145 TURNER ROAD
SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title TREAS
Name TAYLOR, GREG
Address 7145 TURNER ROAD
SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title DIR
Name EELLS, JAMES
Address 7145 TURNER ROAD
SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title DIR
Name BORRELLI, DENISE
Address 7145 TURNER ROAD
SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

Title DIR
Name SCOFIELD, BERT
Address 7145 TURNER ROAD
SUITE 101
City-State-Zip: ROCKLEDGE FL 32955

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

04/13/2018

Electronic Signature of Signing Officer/Director Detail

Date