

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749237

**FILED**  
**Mar 22, 2013**  
**Secretary of State**  
**CC7456125140**

**Entity Name:** TOWN HOMES OF PARADISE PARK, FIRST ADDITION,  
OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

335 PARADISE BLVD  
INDIALANTIC, FL 32903

**Current Mailing Address:**

370 LAKEVIEW DR.  
MELBOURNE BEACH, FL 32951 US

**FEI Number: 59-2147920**

**Certificate of Status Desired: No**

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

ANCHOR COMMUNITY MANAGEMENT LLC  
370 LAKEVIEW DR.  
MELBOURNE BEACH, FL 32951 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LAIRD, DONALD  
Address 335 PARADISE BLVD.  
City-State-Zip: INDIALANTIC FL 32903

Title V  
Name ALTPETER, GARY  
Address 335 PARADISE BLVD  
City-State-Zip: INDIALANTIC FL 32903

Title S  
Name SMITH, PHILIP  
Address 335 PARADISE BLVD  
City-State-Zip: INDIALANTIC FL 32903

Title T  
Name CHAMBERS, ELAINE  
Address 335 PARADISE BLVD  
City-State-Zip: INDIALANTIC FL 32903

Title D  
Name FOUNTAIN, KIT  
Address 335 PARADISE BLVD  
City-State-Zip: INDIALANTIC FL 32903

*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: DONALD LAIRD**

**PRESIDENT**

**03/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date