

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766539

Entity Name: TOWN OAKS HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 59-2566901**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEA BREEZE CMS, INC
4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410 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:** BEVERLEY JAMASON

04/26/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	RENNIE, DIANE
Address	4227 NORTHLAKE BLVD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	PRESIDENT
Name	GERRY- CALLAHAN, PATRICIA
Address	4227 NORTHLAKE BLVD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	SECRETARY
Name	JONETHIS, TERRY
Address	4227 NORTHLAKE BLVD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	TREASURER
Name	GROCEMAN, MICHAEL
Address	4227 NORTHLAKE BLVD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	STANAVITCH, ALLISON
Address	4227 NORTHLAKE BLVD
City-State-Zip:	PALM BEACH GARDENS FL 33410

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: PATRICIA GERRY- CALLAHAN**PRESIDENT**

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date