

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004216

Entity Name: TOWNHOMES OF SISTERS CREEK HOMEOWNER'S ASSOCIATION INC.

FILED
Apr 08, 2014
Secretary of State
CC9939518125

Current Principal Place of Business:

159 NATICK TRAIL
BRICK, NJ 08724

Current Mailing Address:

159 NATICK TRAIL
BRICK, NJ 08724

FEI Number: 25-1921092

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHRISTOPHER S. NELSON, P.A.
611 EATON STREET
KEY WEST, FL 33040 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 PRESIDENT
Name HARGIS, GAIL
Address 159 NATICK TRAIL
City-State-Zip: BRICK NJ 08724

Title S
Name HARGIS, GAIL
Address 159 NATICK TRAIL
City-State-Zip: BRICK NJ 08724

Title TREASURER
Name TROWNSELL, ANN
Address 4905 TILE LINE RD.
City-State-Zip: CRYSTAL LAKE IL 60012

Title VP
Name JOHNSON, BOBBY
Address 321 25TH STREET OCEAN
City-State-Zip: MARATHON FL 33050

Title DIRECTOR
Name PAPE, TERRY
Address 100 HAMPTON ST.
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR
Name MINNI, MICHAEL
Address 15 VERNON RD.
City-State-Zip: MARLBORO NJ 07746

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: ANN TROWNSELL

TREASURER

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date