

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004216

**Entity Name:** TOWNHOMES AT SISTER CREEK HOMEOWNER'S ASSOCIATION INC.

**FILED**  
**Jan 06, 2019**  
**Secretary of State**  
**8603928292CC**

**Current Principal Place of Business:**

159 NATICK TRAIL  
BRICK, NJ 08724

**Current Mailing Address:**

330 24TH STREET  
MARATHON, FL 33050 US

**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        330 24TH STREET  
City-State-Zip: MARATHON FL 33050

Title            DIRECTOR  
Name            MINNI, MICHAEL  
Address        349 25TH STREET  
City-State-Zip: MARATHON FL 33050

*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**

**01/06/2019**

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

\_\_\_\_\_  
Date