

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011050

**Entity Name:** PALM RIVER TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 31, 2017**  
**Secretary of State**  
**CC8088303495**

**Current Principal Place of Business:**

3550 BUSCHWOOD PARK DR.  
STE 150  
TAMPA, FL 33618

**Current Mailing Address:**

C/O ASSOCIA GULF COAST  
3550 BUSCHWOOD PARK DR. STE 150  
TAMPA, FL 33618 US

**FEI Number: 20-4354030**

**Certificate of Status Desired: No**

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

ASSOCIA GULF COAST, INC.  
3550 BUSCHWOOD PARK DR.  
STE 150  
TAMPA, FL 33618 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: MICHAEL FLEMING**

**01/31/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RYAN, JOHN  
Address        C/O ASSOCIA GULF COAST  
                  3550 BUSCHWOOD PARK DR. STE  
                  150  
City-State-Zip: TAMPA FL 33618

Title            VP  
Name            SINGLETON, GREG  
Address        C/O ASSOCIA GULF COAST  
                  3550 BUSCHWOOD PARK DR. STE  
                  150  
City-State-Zip: TAMPA FL 33618

Title            SECRETARY, TREASURER  
Name            LAWSON, MICHAEL  
Address        C/O ASSOCIA GULF COAST  
                  3550 BUSCHWOOD PARK DR. STE  
                  150  
City-State-Zip: TAMPA FL 33618

*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: JOHN RYAN**

**PRESIDENT**

**01/31/2017**

Electronic Signature of Signing Officer/Director Detail

Date