

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010868

**Entity Name:** MIDTOWNE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**6620 SOUTHPOINT DR S  
SUITE 610  
JACKSONVILLE, FL 32216**Current Mailing Address:**6620 SOUTHPOINT DR S  
SUITE 610  
JACKSONVILLE, FL 32216 US**FEI Number:** 20-5745337**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCABE, MICHAEL J  
1400 PRUDENTIAL DRIVE  
SUITE 5  
JACKSONVILLE, FL 32207 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 MCCABE

04/20/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name RUDDARRAJU, VISHWANATH  
Address 6620 SOUTHPOINT DR S  
SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

Title VP  
Name HENRY, MATT  
Address 6620 SOUTHPOINT DRIVE SOUTH  
SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

Title S  
Name FOREMAN, TANYA  
Address 6620 SOUTHPOINT DRIVE SOUTH  
SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

Title P  
Name WILLIAMS, ROBERT  
Address 6620 SOUTHPOINT DRIVE SOUTH  
SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

Title SECRETARY  
Name MITTAPALLI, SURESH BABU  
Address 6620 SOUTHPOINT DR S  
SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

*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:** ROBERT WILLIAMS

PRESIDENT

04/20/2016

Electronic Signature of Signing Officer/Director Detail

Date