

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90033 001 ****61.25

DOCUMENT # 715711 1. Entity Name TOWN HOUSE ESTATES HOME OWNERS' ASSOCIATION, INC.					
Principal Place of Business 100 EMERALD PLACE EAST INDIAN HARBOUR BCH, FL 32937			Mailing Address 100 EMERALD PLACE EAST INDIAN HARBOUR BCH, FL 32937		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1539623 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02072008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent SMITH, JOHN L 100 EMERALD PLACE EAST INDIAN HARBOUR BEACH, FL 32937			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JOHN 302 PALM SPRINGS BLVD INDIAN HRBR BCH, FL 32937	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSE, MARJORIE 303 EMERALD PL. E. INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORTRIGHT, JAMES 201 EMERALD DR. N INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCK, ROBERT 1022 CHEYENNE BLVD INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRAEGER, PAT 1026 CHEYENNE BLVE INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADY, DEVIN 416 EMERALD DR. S. INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOFIELD, CAROL 205 EMERALD DR. N INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOFIELD, CAROL 205 EMERALD DR. N. INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, MARJORIE 303 EMERALD PL. E. INDIAN HARBOUR, FL 32937	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REBHOZ, EUGENE 328 EMERALD PLACE W INDIAN HARBOUR, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REBHOZ, EUGENE 328 EMERALD PLACE W INDIAN HARBOUR, FL 32937	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REBHOZ, EUGENE 328 EMERALD PLACE W INDIAN HARBOUR, FL 32937
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Marjorie Rose</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03-04-08 321-777-4687 <small>Date Daytime Phone #</small>		