

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052009

Chg-NP

CR2E037 (11/08)

4. FEI Number
59-1539623

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2009

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MARJORIE, ROSE
303 EMERALD PLE.
INDIAN HARBOUR BEACH, FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CORTRIGHT, JAMES
201 EMERALD DR. N
INDIAN HARBOUR BEACH, FL 32937 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DRAEGER, PAT
1026 CHEYENNE BLVE
INDIAN HARBOUR BEACH, FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCOFIELD, CAROL
205 EMERALD DR. N
INDIAN HARBOUR BEACH, FL 32937 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LINDBLAD, NEIL
330 EMERALD PL. W.
INDIAN HARBOUR BEACH, FL 32937 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LADY, DEVIN
416 EMERALD DR. S.
INDIAN HARBOUR BEACH, FL 32937 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REBHOLZ, EUGENE
325 EMERALD PL. W.
INDIAN HARBOUR BEACH, FL 32937 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, MARY
306 EMERALD PLE.
INDIAN HARBOUR BEACH, FL 32937 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
02/11/09-01029--003 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 FEB 11 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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