## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 16, 2007 8:00 am Secretary of State

DOCUMENT # 731174  1. Entity Name TOWNE EAST HOMES ASSOCIATION, INC.								07 90195 (		51.25	
Principal Place of Business         Mailing Address           P. O. BOX 12501         P. O. BOX 12501           TALLAHASSEE, FL 32317-9501         TALLAHASSEE, FL 32317-				7-9501				00178		lite <b>s</b> i <b>s</b> i 10.01	
2. Principal Place of Business - No P.O. Box # 3. A.			3. Mailing Address								
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.			01102007	Chg-NP	CR2E0	37 (12/06)		
City & State		Cit	City & State			4. FEI Numbe 59-222	7755		<del></del>	oplied For ot Applicable	
Zip	Country	Zip		Country		5. Certificate	of Status Desire	d [	\$8.75 Add Fee Require		
	6. Name and Address	of Current Registers	d Agent			7. Name and	Address of Ne	w Registered	Agent		
WATSON	RUDY			Name							
WATSON, RUDY 453 COLLINSFORD RD. TALLAHASSEE, FL 32301				Street	Street Address (P.O. Box Number is Not Acceptable)						
				City	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 little if applicable. (NOTE: Registered Agent signature required when renstating)  OATE											
SIGNATURE.	Signature, typed or printed name of r	egistered agent and little if app	kcable. (NOTF: F	leuistered Anent tuno	Atture recovered	when receipt on	· · · · · · · · · · · · · · · · · · ·	DATE			
SIGNATURE.	Signature, typed or printed name of r	egistered agent and title if app	kcable. (NOTE: F	Registered Agent sign	ature required	when renstaing)		DATE	**; 556) 60** *		
SIGNATURE .	Signature, typed or printed name of r Filling Fee is \$61.25 Due by May 1, 2007	5	9. Election Camp Trust Fund Col	aign Financing	ature required	\$5.00 May B Added to Fees	e F		k payable t		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICE	5	9. Election Camp	aign Financing		\$5.00 May B Added to Fees	e F	Make chec lorida Depa	rtment of S	tate	
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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:	Some and	S. Colligated Treas.  TYPED OR PRINTED NAME OF BIGNING OFFICER O	SHEA G. ITILIZOZ	Date Date	(850)222-8973
	1	1 Mexant 1.	SARA SALLICA	1-12-07	(-20)-20

ATTACHMENT

60001784 731174

Jennifer Fleisher, Director 2400 Castletower Road Tallahassee, FL 32301 (Add)