## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE:** 

## FILED Apr 10, 2006 8:00 am Secretary of State

DOCUMENT # 762923  1. Entity Name TOWNE & COUNTRY HOMEOWNERS ASSOCIATION, INC.								O <sup>2</sup>	4-10-2006 9	0316 0:	38 ****6	1.25	
Principal Place of Business 1501 S. FLORIDA AVE LAKELAND, FL 33803 US			150	Mailing Address 1501 S. FLORIDA AVE LAKELAND, FL 33803 US						gitir bibli b	P  6		
Principal Place of Business				3. Mailing Address									
Suite, Apt #, etc.			s	Suite, Apt. #, etc.				01302006 <sub>C</sub>	hg-NP	CR2E0	37 (11/05)	)	
City & State			C	City & State				4. FEI Number 59-238079	)2		<b>├</b>	Applied For Not Applicable	
Zip	Country			Zip		Country		5. Certificate of St			\$8.75 Ac Fee Requir		
6. Name and Address of Current Registered Agent								7. Name and Add	ress of New R	egistered	Agent		
MUNSON, PETER J. 1501 S. FLORIDA AVE LAKELAND, FL 33803							Name Street Address (P.O. Box Number is Not Acceptable)						
										FL	Zip Co	de	
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 take if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
,		. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees			k payable					
10.		OFFICERS AND D	IRECTOR	S	11.			ADDITIONS/CHANG	ES TO OFFICER	RS AND D	IRECTORS I	N 10	
TITLE NAME STREET ADDRESS CATY-ST-ZIP	1501 S. F	I, PETER J LORIDA AVE ID, FL 33803		☐ Delete	1						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CROSWE 5702 STR LAKELAN	RATFORD LANE	-	<b>⊠</b> Delete			121	DER, GEORGE 5 JEFFERSO TELAND, FL	N DRIVE		☐ Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	337 MAR	DEBBIE R MET SQUARE ID, FL 33813		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 me receiver or thistee 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.													