

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763217

FILED
Feb 19, 2009
Secretary of State

Entity Name: TOWN PLACE CLUB VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

HAWK-EYE MGMT INC
3901 N FEDERAL HWY STE #202
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

HAWK-EYE MGMT INC
3901 N FEDERAL HWY STE #202
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 59-2406447 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GAGLIANO, KAREN A ESQ
955 N NW 11TH AVE
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: BROOKS, RICHARD J
Address: 21594 TOWN PLACE DR
City-St-Zip: BOCA RATON, FL 33433

Title: PD () Delete
Name: SULLIVAN, ANGELA
Address: 21938 TOWN PLACE DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: ROBINSON, BARNETT
Address: 21880 TOWN PLACE DR
City-St-Zip: BOCA RATON, FL 33433

Title: VP () Delete
Name: MCPHERSON, DALE
Address: 21753 TOWN PLACE DR.
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: FLUGEL, WALTER
Address: 21891 TOWN PLACE DR
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BROOKS, RICHARD J
Address: 21594 TOWN PLACE DR
City-St-Zip: BOCA RATON, FL 33433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DUBIN, CAROL
Address: 21962 TOWN PLACE DR.
City-St-Zip: BOCA RATON, FL 33433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANGELA SULLIVAN

P

02/19/2009

Electronic Signature of Signing Officer or Director

Date