

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90031 035 \*\*\*\*61.25

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01062005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 766914</b>					
1. Entity Name TOWN CENTRE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 581 S DUNCAN AVE CLEARWATER, FL 33756 US			Mailing Address 581 S DUNCAN AVE CLEARWATER, FL 33756 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-2378758				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AYERS, JAMES 585 S DUNCAN AVE CLEARWATER, FL 33756			Name Street Address (P.O. Box Number is Not Acceptable) 581 S DUNCAN AVE 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 _____ 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, 2005		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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AYERS, JAMES	NAME	581 S DUNCAN AVE		
STREET ADDRESS	585 S DUNCAN AVE	STREET ADDRESS	581 S DUNCAN AVE		
CITY-ST-ZIP	CLEARWATER, FL 33756	CITY-ST-ZIP	581 S DUNCAN AVE		
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURNS, GALE	NAME	581 S DUNCAN AVE		
STREET ADDRESS	585 S DUNCAN AVE	STREET ADDRESS	581 S DUNCAN AVE		
CITY-ST-ZIP	CLEARWATER, FL 33756	CITY-ST-ZIP	581 S DUNCAN AVE		
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLEMAN, JEFF	NAME	581 S DUNCAN AVE		
STREET ADDRESS	585 S DUNCAN AVE	STREET ADDRESS	581 S DUNCAN AVE		
CITY-ST-ZIP	CLEARWATER, FL 33756	CITY-ST-ZIP	581 S DUNCAN AVE		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRIFFIN, DAVID	NAME	581 S DUNCAN AVE		
STREET ADDRESS	585 S DUNCAN AVE	STREET ADDRESS	581 S DUNCAN AVE		
CITY-ST-ZIP	CLEARWATER, FL 33756	CITY-ST-ZIP	581 S DUNCAN AVE		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANGMAN, MARK	NAME	581 S DUNCAN AVE		
STREET ADDRESS	585 S DUNCAN AVE	STREET ADDRESS	581 S DUNCAN AVE		
CITY-ST-ZIP	CLEARWATER, FL 33756	CITY-ST-ZIP	581 S DUNCAN AVE		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AILOR, MICHAEL	NAME	581 S DUNCAN AVE		
STREET ADDRESS	585 S. DUNCAN AVE	STREET ADDRESS	581 S DUNCAN AVE		
CITY-ST-ZIP	CLEARWATER, FL 33756	CITY-ST-ZIP	581 S DUNCAN AVE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Gale Burns</i>		1-6-05		727-536-7551	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	