


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 769986**

1. Entity Name  
**TOWNE PLACE OF POMPANO HOMEOWNERS ASSOCIATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br>3281 E GOLF BLVD #29<br>POMPANO BEACH, FL 33064 | Mailing Address<br>3281 E GOLF BLVD #29<br>POMPANO BEACH, FL 33064 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



03152006 No Chg-NP CRZE037 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-2711773                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

**COOK, CYNTHIA L**  
**3281 EAST GOLF BOULEVARD**  
**#3**  
**POMPANO BEACH, FL 33064**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>COLLINS, JOY<br>3281 E GOLF BLVD #19<br>POMPANO BEACH, FL             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>COOK, CYNTHIA<br>3281 E. GOLF BLVD #3<br>POMPANO BEACH, FL 33064      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPSD<br>ORRELL, THEODORE<br>3281 E. GOLF BLVD #9<br>POMPANO BEACH, FL 33064 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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: Joy Collins - Joy Collins 3/29/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #