


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 Mailing Address
3281 E GOLF BLVD #29 **3281 E GOLF BLVD #29**
POMPANO BEACH, FL 33064 **POMPANO BEACH, FL 33064**

DO NOT WRITE IN THIS SPACE



03152006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2711773 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 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 NAME STREET ADDRESS CITY - ST - ZIP	TD COLLINS, JOY 3281 E GOLF BLVD #19 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COOK, CYNTHIA 3281 E. GOLF BLVD #3 POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD ORRELL, THEODORE 3281 E. GOLF BLVD #9 POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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 Date: 3/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #