


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 769986

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



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



01112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

CREED, SUSAN J
 3281 EAST GOLF BOULEVARD
 #7
 POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CZURA, JOHN M
STREET ADDRESS	3281 E GOLF BLVD #3
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	VP
NAME	CREED, SUSAN J
STREET ADDRESS	3281 E. GOLF BLVD #7
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	SD
NAME	DELANEY, CARY
STREET ADDRESS	3281 E. GOLF BLVD #14
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	TD
NAME	GARAFOLA, DEBORAH
STREET ADDRESS	3281 E. GOLF BLVD #2
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	D
NAME	WASHINGTON, JIM
STREET ADDRESS	3281 E GOLF BLVD #20
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	D
NAME	SOLANO-COSTA, HUNBERTO
STREET ADDRESS	3281 E GOLF BLVD #5
CITY-ST-ZIP	POMPANO BEACH, FL 33064

000000802458
 02/01/08-80060-007 61.25

DO NOT WRITE IN THIS SPACE

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: *Susan J Creed* **SUSAN J CREED** **11/11/08** **954-240-2111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #