

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000648

FILED  
May 18, 2005  
Secretary of State

**Entity Name:** ALACHUA TOWNHOUSE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

1160 ALACHUA AVE.  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1160 ALACHUA AVE.  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 59-3673837      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WILLIS, BREEDA DENNEHY  
1160 ALACHUA AVE.  
TALLAHASSEE, FL 32308      US

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: DV      ( ) Delete  
Name: WILLIS, BREEDA DENNEHY  
Address: 1160 ALACHUA AVE.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DT      ( ) Delete  
Name: LASEUR, DEBRALEE  
Address: 1150 ALACHUA AVE.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DP      ( ) Delete  
Name: BUSSE, MARK  
Address: 1154 ALACHUA AVENUE  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      (X) Change ( ) Addition  
Name: WILLIS, BREEDA DENNEHY  
Address: 1160 ALACHUA AVE.  
City-St-Zip: TALLAHASSEE, FL 32308

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

Title: DV      (X) Change ( ) Addition  
Name: BUSSE, MARK  
Address: 1154 ALACHUA AVENUE  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBRALEE LASEUR

DT

05/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date