

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008459

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: TOWN LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1330 RAIN HEAD BLVD.  
SUITE 4  
NAPELS, FL 34110

**New Principal Place of Business:**

1330 RAIL HEAD BLVD.  
SUITE 4  
NAPLES, FL 34110

**Current Mailing Address:**

1330 RAIN HEAD BLVD.  
SUITE 4  
NAPELS, FL 34110

**New Mailing Address:**

1330 RAIL HEAD BLVD.  
SUITE 4  
NAPLES, FL 34110

FEI Number: 65-1065168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FAMILY PROPERTY SERVICES, INC.  
1330 RAIL HEAD BLVD.  
SUITE 4  
NAPLES, FL 34110 US

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

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: DVP ( ) Delete  
Name: STRAUSBAUGH, JR, LLOYD  
Address: 18321 PLUMBAGO COURT  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DP ( ) Delete  
Name: BUTLER, RAYMOND  
Address: 18291 PINE NUT COURT  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DT ( ) Delete  
Name: LYNCH, RICHARD  
Address: 8341 GASSNER WAY  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DS (X) Delete  
Name: SULLIVAN, CHRISTINE  
Address: 18271 BEAUTY BERRY COURT  
City-St-Zip: LEHIGH ACRES, FL 33972

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

Title: DP (X) Change ( ) Addition  
Name: WASHBURN, DONALD  
Address: 18128 HORIZON VIEW BLVD.  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DVP (X) Change ( ) Addition  
Name: BUTLER, RAYMOND  
Address: 18291 PINE NUT COURT  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DST (X) Change ( ) Addition  
Name: MCMANIS, BRYAN  
Address: 18168 HORIZON VIEW BLVD.  
City-St-Zip: LEHIGH ACRES, FL 33972

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DONALD WASHBURN

DP

04/17/2009

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

\_\_\_\_\_  
Date