

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008459

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** TOWN LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1330 RAIL HEAD BLVD.  
SUITE 4  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1330 RAIL HEAD BLVD.  
SUITE 4  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 65-1065168      **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:**

FAMILY PROPERTY SERVICES, INC.  
1330 RAIL HEAD BLVD.  
SUITE 4  
NAPLES, FL 34110 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: DP  
Name: BARICELLI, PATRICK  
Address: 8080 FOUNTAIN MIST BLVD  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DVP  
Name: LOCKER, GREGG  
Address: 8010 FOUNTAIN MIST BLVD  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DS  
Name: FOURNIER, TANYA  
Address: 18125 HORIZON VIEW BLVD  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DT  
Name: VAN GINKEL, JAKE  
Address: 18153 HORIZON VIEW BLVD  
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby 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 all other like empowered.

SIGNATURE: GREGG LOCKER

DP

05/03/2010

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

\_\_\_\_\_  
Date