

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90002 023 ****61.25

DOCUMENT # N01000000185					
1. Entity Name TOWNE PLACE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O CASTLE GROUP 5850 W. ATLANTIC AVE, STE 108 DELRAY BEACH, FL 33484			Mailing Address C/O CASTLE GROUP 5850 W. ATLANTIC AVE, STE 108 DELRAY BEACH, FL 33484		
2. Principal Place of Business C/O CASTLE GROUP 15200 JOG ROAD, SUITE 205 DELRAY BEACH, FL 33446		3. Mailing Address C/O CASTLE GROUP 15200 JOG ROAD, SUITE 205 DELRAY BEACH, FL 33446			
4. FEI Number 65-1097169		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CASTLE MANAGEMENT, INC. 12270 SW 3RD STREET PLANTATION, FL 33325			7. Name and Address of New Registered Agent Name: STEINBERGER, ADELE Street Address (P.O. Box Number is Not Acceptable): 1517 BARRYMORE COURT City: WELLINGTON, FL Zip Code: 33414		
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: <i>Adele Steinberger</i> - Adele Steinberger - Pres 6/5/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME STEINBERGER, ADELE STREET ADDRESS 1517 BARRYMORE CT. CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME SMITH, GEORGE STREET ADDRESS 13756 CRESTON PLACE CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME TATE, HARDEN STREET ADDRESS 1491 BARRYMORE COURT CITY-ST-ZIP WELLINGTON, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LEIBOFF, GLORIA STREET ADDRESS 13774 CRESTON PLACE CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME BUBENIK, JOANNE STREET ADDRESS 1504 BARRYMORE COURT CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Adele Steinberger</i> - Adele Steinberger - Pres 6/5/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					