

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90012 024 ****61.25

DOCUMENT # N01000000185					
1. Entity Name TOWNE PLACE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O CASTLE GROUP 15200 JOG RD. STE 205 DELRAY BEACH, FL 33446			Mailing Address C/O CASTLE GROUP 15200 JOG RD. STE 205 DELRAY BEACH, FL 33446		
40030753					
2. Principal Place of Business - No P.O. Box # C/O Wellington Management Inc.		3. Mailing Address 34618 Fairlane Farms Rd		01232007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-1097169	
City & State Wellington FL		City & State FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33414		Country USA		Zip 33414	
6. Name and Address of Current Registered Agent STEINBERGER, ADELE 1517 BARRYMORE COURT WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name: Wellington Management, Inc. Street Address (P.O. Box Number is Not Acceptable): 34618 Fairlane Farms Rd. City: Wellington FL Zip Code: 33414		
8. The above named entity adopts 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 John Newsome <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	<input type="checkbox"/> Delete	TITLE V	NAME Radkey, Kelly	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1517 BARRYMORE CT.	CITY-ST-ZIP WELLINGTON, FL 33414		STREET ADDRESS 1490 Buckingham Ave	CITY-ST-ZIP Wellington, FL 33414	
TITLE TD	NAME SMITH, GEORGE	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13756 CRESTON PLACE	CITY-ST-ZIP WELLINGTON, FL 33414		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VPD	NAME TATE, HARDEN	<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1491 BARRYMORE COURT	CITY-ST-ZIP WELLINGTON, FL		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME LEIBOFF, GLORIA	<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13774 CRESTON PLACE	CITY-ST-ZIP WELLINGTON, FL 33414		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SD	NAME BUBENIK, JOANNE	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1504 BARRYMORE COURT	CITY-ST-ZIP WELLINGTON, FL 33414		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: Adele Steinberg <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 3/1/07				Daytime Phone #:	