

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004074

FILED
Mar 16, 2012
Secretary of State

Entity Name: TOWNHOMES AT LOST OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

%ROBERT DIMARCO CPA
220 NO. PINE AVENUE SUITE A
OLDSMAR, FL 34677 US

New Principal Place of Business:

%ROBERT DIMARCO CPA
220 PINE AVE NO. #A
OLDSMAR, FL 34677 US

Current Mailing Address:

%ROBERT DIMARCO CPA
220 NO. PINE AVENUE SUITE A
OLDSMAR, FL 34677 US

New Mailing Address:

%ROBERT DIMARCO CPA
220 PINE AVE NO. #A
OLDSMAR, FL 34677 US

FEI Number: 65-1121864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIMARCO, ROBERT F CPA PA
220 NO. PINE AVENUE #A
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

DIMARCO, ROBERT F CPA PA
220 PINE AVE NO #A
OLDSMAR, FL 34677 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:

03/16/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TREA
Name: MOTT, JON
Address: 2471 JOHNNA CT
City-St-Zip: PALM HARBOR, FL 34685

Title: SEC
Name: BERGLUND, RON T
Address: 2487 JOHNNA CT
City-St-Zip: PALM HARBOR, FL 34685

Title: MBR
Name: NOLAN, ROBERT
Address: 2495 JOHNNA CT
City-St-Zip: PALM HARBOR, FL 34685

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: JON MOTT

TREA

03/16/2012

Electronic Signature of Signing Officer or Director

Date