

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90053 025 ****61.25

DOCUMENT # N01000008198

1. Entity Name
**THE TOWNHOMES AT NORTH LAKE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
10730 US 19
STE 17
PORT RICHEY, FL 34668

Mailing Address
10730 US 19
STE 17
PORT RICHEY, FL 34668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006 Chg-NP CR2E037 (11/05)

4. FEI Number

59-3210794

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUALIFIED PROPERTY MANGEMENT, INC.
10730 US 19
STE 17
PORT RICHEY, FL 34668

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$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 ☒ Delete
NAME ~~D -~~
STREET ADDRESS ~~NORTON, DAVID~~
CITY-ST-ZIP ~~46 W LEMON STREET -~~
~~TARPON SPRINGS, FL 34680 - - -~~

TITLE ☐ Change ☒ Addition
NAME PD
STREET ADDRESS Shea, Michael
CITY-ST-ZIP 10730 U.S. 19, Suite 17
Port Richey, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VD
STREET ADDRESS Corbin, Tom
CITY-ST-ZIP 10730 U.S. 19, Suite 17
Port Richey, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME TD
STREET ADDRESS Bell, R.J.
CITY-ST-ZIP 10730 U.S. 19, Suite 17
Port Richey, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS Shafran, Alan
CITY-ST-ZIP 10730 U.S. 19, Suite 17
Port Richey, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Anderson, Don
CITY-ST-ZIP 10730 U.S. 19, Suite 17
Port Richey, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Shafran, John
CITY-ST-ZIP 10730 U. S. 19, Suite 17
Port Richey, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #