2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008198

FILED Mar 27, 2008 Secretary of State

Certificate of Status Desired ()

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

Current Principal Place of Business: New Principal Place of Business:

5901 U.S. 19 4151 WOODLANDS PARKWAY SUITE 7Q PALM HARBOR, FL 34685 U

NEW PORT RICHEY, FL 34652 US

FEI Number: 59-3210794

Current Mailing Address: New Mailing Address:

FEI Number Applied For ()

5901 U.S. 19
4151 WOODLANDS PARKWAY
SUITE 7Q
PALM HARBOR, FL 34685 US

NEW PORT RICHEY, FL 34652 US

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY

5901 U.S. 19
SUITE 7Q
PALM HARBOR, FL 34685 US
NEW PORT RICHEY, FL 34652 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.

FEI Number Not Applicable ()

SIGNATURE: MAUREEN C. REARDON 03/27/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 SHAFRAN, ALAN
 Name:
 SHAFRAN, ALAN

 Address:
 5901 U.S. 19
 Address:
 617 SPRING LAKE CIRCLE

 City-St-Zip:
 NEW PORT RICHEY, FL 34652 US
 City-St-Zip:
 TARPON SPRINGS, FL 34688 US

Title: VD () Delete Title: VPD (X) Change () Addition

 Title:
 VD () Delete
 Title:
 VPD (X) Change () Addition

 Name:
 CORBIN, TOM
 Name:
 SEIPEL, RCK

Address: 5901 U.S. 19 Address: 647 SPRING LAKE CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34652 US City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: TD () Delete Title: TD (X) Change () Addition Name: SHEA, MIKE SHEA, MIKE

Address: 5901 U.S. 19 Address: 542 SPRING LAKE CIRCLE

City-St-Zip: NEW PORT RICHEY, FL 34652 US City-St-Zip: TARPON SPRINGS, FL 34688 US

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \ {\sf Change} \ (\) \ {\sf Addition}$

 Name:
 SHEA, MIKE
 Name:
 DAVIS, CYNTHIA

 Address:
 5901 U.S. 19
 Address:
 626 SPRING LAKE CIRCLE

City-St-Zip: NEW PORT RICHEY, FL 34652 US City-St-Zip: TARPON SPRINGS, FL 34688 US

Name: BELL, RJ Name: SOLER, CLARA

Address: 5901 U.S. 19 Address: 636 SPRING LAKE CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34652 US City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: D (X) Delete Title: () Change () Addition

 Name:
 SEIPEL, RICK
 Name:

 Address:
 5901 U.S. 19
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34652
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALAN SHAFRAN PRES 03/27/2008

Electronic Signature of Signing Officer or Director

Date