

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90167 015 ****61.25

DOCUMENT # N02000004523

1. Entity Name

TOWNSEND TND OWNERS ASSOCIATION, INC.



Principal Place of Business

5300 SW 91ST TERR
GAINESVILLE FL 32608

Mailing Address

5300 SW 91ST TERR
GAINESVILLE FL 32608



2. Principal Place of Business

9116 SW 51ST ROAD

3. Mailing Address

PO Box 14121

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

30-0175566

Applied For

Not Applicable

Zip

32608

Country

USA

Zip

32604

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALTER, JAMES D
3940 NW 16 BLVD
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name

JOSE E. MEDINA, JR

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

9116 SW 51ST ROAD

102 B

City

GAINESVILLE

FL

Zip Code

32608

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, by hand or printed name of registered agent and title if applicable

(If C Registered Agent signature required when re-registering)

DATE

4/24/06

FILE NOW: 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

TITLE DP ☐ Delete
NAME KRAMER, ROBERT B
STREET ADDRESS 5300 SW 91ST TERR
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE DV ☐ Delete
NAME FLEEMAN, JEFFREY
STREET ADDRESS 5300 SW 91ST TERR
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE DST ☐ Delete
NAME COFFEY, C. DAVID
STREET ADDRESS 5346 SW 91 TERR
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of this report, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Robert B Kramer

4-12-06

352-335-7846