

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004523

FILED
Jan 18, 2008
Secretary of State

Entity Name: TOWNSEND TND OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5208 NSW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

New Principal Place of Business:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

Current Mailing Address:

PO BOX 14506
GAINESVILLE, FL 32604

New Mailing Address:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

FEI Number: 30-0175566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPPE REALTY MANAGEMENT, INC.,
DBA MANAGEMENT SPECIALISTS
5208 S.W. 91ST DRIVE, SUITE D
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KRAMER, ROBERT B
Address: 5063 SW 91 DR
City-St-Zip: GAINESVILLE, FL 32608

Title: DV (X) Delete
Name: FLEEMAN, JEFFREY
Address: 5063 SW 91ST DR
City-St-Zip: GAINESVILLE, FL 32608

Title: DST () Delete
Name: COFFEY, C. DAVID
Address: 5346 SW 91 TERR
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: HUNT, THOMAS W
Address: 7019 SW 93RD AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: DV () Delete
Name: COOPER, CLEVE
Address: 5110-A SW 91ST DR
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ROBERT KRAMER

PD

01/18/2008

Electronic Signature of Signing Officer or Director

Date