

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004523

FILED
Apr 25, 2009
Secretary of State

Entity Name: TOWNSEND TND OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

New Mailing Address:

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:

CONNER, SARAH AGENT
5208 S.W. 91ST DRIVE, SUITE D
GAINESVILLE, FL 32608 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: SARAH CONNER, AGENT

04/25/2009

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

Title: D (X) 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: P (X) Change () Addition
Name: KRAMER, ROBERT B
Address: 5063 SW 91 DR
City-St-Zip: GAINESVILLE, FL 32608

Title: T (X) Change () Addition
Name: COFFEY, C. DAVID
Address: 5346 SW 91 TERR
City-St-Zip: GAINESVILLE, FL 32608

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

Title: V (X) Change () Addition
Name: COOPER, CLEVE
Address: 5110-A SW 91ST DR
City-St-Zip: GAINESVILLE, FL 32608

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: BOB KRAMER

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date