

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004523

FILED  
Apr 27, 2012  
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:**

MGMT SPEC SVCS  
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:** VP  
**Name:** DUBLIN, NICK  
**Address:** 5208 SW 91ST DRIVE, SUITE D  
**City-St-Zip:** GAINESVILLE, FL 32608

**Title:** T  
**Name:** COFFEY, C. DAVID  
**Address:** 5208 SW 91ST DRIVE, SUITE D  
**City-St-Zip:** GAINESVILLE, FL 32608

**Title:** P  
**Name:** KARAPHILLIS, CYNTHIA  
**Address:** 5208 SW 91ST DRIVE, SUITE D  
**City-St-Zip:** GAINESVILLE, FL 32608

I hereby 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 all other like empowered.

**SIGNATURE:** MGMT SPEC SVCS

A

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date