

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001236

**FILED**  
**Sep 03, 2004**  
**Secretary of State****Entity Name:** TOWNSEND TRADITIONAL NEIGHBORHOOD OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5300 S.W. 91ST TERR.  
GAINESVILLE, FL 32608**New Principal Place of Business:**5346 SW 91ST TERRACE  
GAINESVILLE, FL 32608**Current Mailing Address:**5300 S.W. 91ST TERR.  
GAINESVILLE, FL 32608**New Mailing Address:**5346 SW 91ST TERRACE  
GAINESVILLE, FL 32608**FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SALTER, JAMES D  
5300 S.W. 91ST TERR.  
GAINESVILLE, FL 32608**Name and Address of New Registered Agent:**SALTER, JAMES D  
3940 NW 16TH BLVD.  
BLDG. B  
GAINESVILLE, FL 32635

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: \_\_\_\_\_

09/03/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: COFFEY, C. DAVID  
Address: 5300 S.W. 91ST TERR.  
City-St-Zip: GAINESVILLE, FL 32608

Title: VD ( ) Delete  
Name: FLEEMAN, JEFFREY  
Address: 5300 S.W. 91ST TERR.  
City-St-Zip: GAINESVILLE, FL 32608

Title: PD ( ) Delete  
Name: KRAMER, ROBERT B  
Address: 5300 S.W. 91ST TERR.  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: FLEEMAN, JEFFREY  
Address: 5346 SW 91ST TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: PD (X) Change ( ) Addition  
Name: KRAMER, ROBERT B  
Address: 5346 SW 91ST TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: C. DAVID COFFEY

STD

09/03/2004

Electronic Signature of Signing Officer or Director

Date