2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 28, 2005 8:00 am Secretary of State

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|---|--|--|---|--|---------------------------------------|---|--------------------------------------|------------------------------|--|
| DOCUMENT # N0300001236 1. Entity Name TOWNSEND TRADITIONAL NEIGHBORHOOD OWNERS ASSOCIATION, INC. | | | | | 14-28-2005 | 90205 004 | l ****61 | 1.25 | |
| Principal Place 5346 SW 915 GAINESVILLE | ST TERRACE | Mailing Address 5346 SW 91ST TERRACE GAINESVILLE, FL 32608 | | 1 | វេដ្ឋប្រភពក | z | | | |
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| 2. Principal P | lace of Business 0 S(U) 9/St Terr | 3. Mailing Address | c+ Texc | | | | | | |
| Suite, Apt. | <u> </u> | Suite, Apt. #, etc. | , , | 04052005 C | hg-NP | CR2E037 | (10/03) | | |
| City & State Cain TS ville FL Ga | | City & State | Mity & State | | OR 56-2 | 110111 | Ap | plied For at Applicable | |
| Zip | Country | Zip | Country USA | 5. Certificate of S | | \$ | 8.75 Add | litional | |
| 326 | 6. Name and Address of Current F | 32608 | 0375 | 7. Name and Add | dress of New R | | e Required | <u> </u> | |
| Name | | | | | | | | | |
| SALTER, JAMES D 3940 NW 16TH BLVD. | | | Street Add | Street Address (P.O. Box Number is Nat Acceptable) | | | | | |
| BLDG. B GAINESVILLE, FL 32635 | | | | · | ·· ·· · · · · · · · · · · · · · · · · | | | | |
| O 120 · · | , , _ 0_000 | | City | | | | Zip Code | e _ | |
| The above named entity submits this statement for the purpose of changing its registered office or re | | | | | b C | FL | | <u> </u> | |
| | ions of registered agent. | the purpose of changing its re | idizretan ottica di 1 | registered agent, or both, ir | i tile State of Fic | onga. Tamiar | rilliar wuri, | and accept | |
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| | | | | | | | | - | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | und title if applicable. (NOTE: F | Registered Agent signature | e raquired when reinstating) | | DATE | | - | |
| SIGNATURE . | Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2005 | 9. Election Camp Trust Fund Co | aign Financing | s 5.00 May Be Added to Fees | | DATE lake check p ida Departir | • | | |
| SIGNATURE . | Filing Fee is \$61.25 | 9. Election Camp Trust Fund Co | aign Financing | \$5.00 May Be | Flor | lake check p ida Departm | ent of St | tate | |
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12. I hereby certify that the info indicated on this report of of the corporation or the re-changed, or on an attaching on supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information exemption 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 or sustant empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if all actions with all other like empowered.

Robert Komer 4-27-05

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daylime Phone #