

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90167 014 ****61.25

DOCUMENT # N03000001236

1. Entity Name

**TOWNSEND TRADITIONAL NEIGHBORHOOD OWNERS
ASSOCIATION, INC.**



Principal Place of Business

5300 SW 91ST TERRACE
GAINESVILLE FL 32608

Mailing Address

5300 SW 91ST TERRACE
GAINESVILLE FL 32608

2. Principal Place of Business

9116 SW 51ST ROAD

3. Mailing Address

PO BOX 14121

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

Zip

32608

Country

USA

Zip

32604

Country

USA

4. FEI Number

56-2481128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SALTER, JAMES D
3940 NW 16TH BLVD.
BLDG. B
GAINESVILLE FL 32635

7. Name and Address of New Registered Agent

Name

JOSE E. MEDINA, JR.

Street Address (P.O. Box Number is Not Acceptable)

9116 SW 51ST ROAD

102B

City

GAINESVILLE

FL

Zip Code

32608

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when raising)

DATE

4/27/06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE STD ☐ Delete
NAME COFFEY, C. DAVID
STREET ADDRESS 5346 SW 91ST TERRACE
CITY- ST- ZIP GAINESVILLE FL 32608

TITLE VD ☐ Delete
NAME FLEEMAN, JEFFREY
STREET ADDRESS 5300 SW 91ST TERRACE
CITY- ST- ZIP GAINESVILLE FL 32608

TITLE PD ☐ Delete
NAME KRAMER, ROBERT B
STREET ADDRESS 5300 SW 91ST TERRACE
CITY- ST- ZIP GAINESVILLE FL 32608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report 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 of the corporation or the person or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Kramer

Robert Kramer

4-12-06

352-335-7846