


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90174 046 ****61.25

DOCUMENT # N03000002771	
1. Entity Name TOWNHOMES OF COUNTRY RUN HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 2630 S. FALKENBURG RD. RIVERVIEW, FL 33569	Mailing Address 2630 S. FALKENBURG RD. RIVERVIEW, FL 33569
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2. Principal Place of Business 2880 Scherer Dr	3. Mailing Address 2880 Scherer Dr
Suite, Apt. #, etc. #840	Suite, Apt. #, etc. #840

City & State St. Petersburg FL	City & State St. Petersburg FL
Zip 33716	Country Pineellas

6. Name and Address of Current Registered Agent BRADAY, MICHAEL 28100 US 19 N. #300 CLEARWATER, FL 33761	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GAMM, STEVE		NAME Louis Rosario	
STREET ADDRESS 2630 S FALKAN BAY RD.		STREET ADDRESS 12713 Sunland Ct	
CITY-ST-ZIP RIVERVIEW, FL 33563		CITY-ST-ZIP Tampa FL 33625	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COLANGELO, MICHAEL		NAME Chris Castellan	
STREET ADDRESS 2630 S. FALKENBURG RD.		STREET ADDRESS 12717 Sunland Ct	
CITY-ST-ZIP RIVERVIEW, FL 33569		CITY-ST-ZIP Tampa FL 33625	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE Sec/Trea	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JUNE, ROBERT		NAME Kelly Monteleone	
STREET ADDRESS 2630 S. FALKENBURG RD.		STREET ADDRESS 12731 Sunland Ct	
CITY-ST-ZIP RIVERVIEW, FL 33569		CITY-ST-ZIP Tampa FL 33625	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information 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 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 receiver 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:  **4/27/05** **813-215-7405**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #