

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005636

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** TOWNHOMES OF STUART PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

309 SE OSCEOLA ST, STE 105  
STUART, FL 34994

**New Principal Place of Business:**

309 SE OSCEOLA ST  
105  
STUART, FL 34994

**Current Mailing Address:**

PO BOX 2393  
STUART, FL 34995

**New Mailing Address:**

FEI Number: 80-0110468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AYDELOTTE, W. THOMAS  
729 COLORADO AVENUE  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

AYDELOTTE, W. THOMAS  
309 SE OSCEOLA ST  
105  
STUART, FL 34994 US

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:

03/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GANGLOFF, PETER  
Address: 2696 SW WINDSHIP WAY  
City-St-Zip: STUART, FL 34997

Title: VTD ( ) Delete  
Name: CHAPMAN, RICHARD  
Address: 35 SE BEECH TREE LANE  
City-St-Zip: STUART, FL 34994

Title: S ( ) Delete  
Name: MARKEY, DEREK  
Address: 19 SE BEECH TREE LANE  
City-St-Zip: STUART, FL 34994

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PETER GANGLOFF

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date