

**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 08, 2010  
Secretary of State**

DOCUMENT# N04000009279

**Entity Name:** TOWN CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5401 S. KIRKMAN ROAD  
SUITE 450  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5401 S. KIRKMAN ROAD  
SUITE 450  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 20-1686591      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COMMUNITY MANAGEMENT PROFESSIONALS, INC.  
5401 S. KIRKMAN ROAD  
SUITE 450  
ORLANDO, FL 32819 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ELDREDGE, CHARLIE  
Address: 611 CAMPUS STREET #130  
City-St-Zip: CELEBRATION, FL 34747

Title: S/T  
Name: CONTINO, JAMES  
Address: 606 MARKET STREET # 220  
City-St-Zip: CELEBRATION, FL 34747

I hereby 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 all other like empowered.

SIGNATURE: CHARLIE ELDREDGE

P

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date