

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90166 003 ****61.25

DOCUMENT # N04000010379

1. Entity Name

TOWNHOMES AT MILLBROOKE RANCH PROPERTY OWNERS
ASSOCIATION, INC.



Principal Place of Business

2637 MCCORMICK DRIVE
CLEARWATER FL 33759

Mailing Address

2637 MCCORMICK DR.
CLEARWATER FL 33759-1041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2105436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOWERS, G E
2637 MCCORMICK DRIVE
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name: FRANK FRISCHIA, ESQUIRE

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

500 N. WESTSHORE BLVD. SUITE 830

City TAMPA

FL

Zip Code 33609

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 PD
NAME FLOWERS, G E
STREET ADDRESS 2637 MCCORMICK DRIVE
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

TITLE VD
NAME MILLER, LARRY
STREET ADDRESS 2637 MCCORMICK DRIVE
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

TITLE STD
NAME JACZKO, THERESA
STREET ADDRESS 2637 MCCORMICK DRIVE
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-05

727-373-3866