

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011661

FILED  
Feb 27, 2009  
Secretary of State

**Entity Name:** EMBASSY PARK TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

37306 EMBASSY PARK LANE  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

**Current Mailing Address:**

37306 EMBASSY PARK LANE  
DADE CITY, FL 33525 US

**New Mailing Address:**

**FEI Number:** 20-2250854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCLAIN, MELINDA  
37306 EMBASSY PARK LANE  
DADE CITY, FL 33525 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 ( ) Delete  
Name: MCCLAIN, MELINDA  
Address: 37306 EMBASSY PARK LANE  
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete  
Name: LEONARD, ARIANA  
Address: 37302 EMBASSY PARK CT.  
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete  
Name: WALKER, JOSEPH M  
Address: 13547 EMBASSY PARK COURT  
City-St-Zip: DADE CITY, FL 33525 US

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

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

Title: D (X) Change ( ) Addition  
Name: SIMS, GREGORY W  
Address: 12246 WOODLANDS CIRCLE  
City-St-Zip: DADE CITY, FL 33525

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: MELINDA MCCLAIN

D

02/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date