2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001426

FILED Apr 24, 2006 Secretary of State

Entity Name: TOWNHOMES AT FISHHAWK RANCH GARDEN DISTRICT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

325 SOUTH BLVD 3434 COLWELL AVE

TAMPA, FL 33606 #200

TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

325 SOUTH BLVD 3434 COLWELL AVE

TAMPA, FL 33606 #200

TAMPA, FL 33614

FEI Number: 20-3131676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JAMES, JUDITH L RIZZETTA & COMPANY 325 SOUTH BLVD 3434 COLWELL AVE TAMPA, FL 33606 US #200

TAMPA. FL 33614 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: WILLIAM RIZZETTA 04/24/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D-P (X) Change () Addition

 Name:
 HENDERSON, ALLAN
 Name:
 HENDERSON, ALLAN

 Address:
 9950 PRINCESS PALM AVE
 Address:
 9550 PRINCESS PALM AVE

City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33619

Title: D () Delete Title: () Change () Addition

 Name:
 HENDERSON, FRANK
 Name:

 Address:
 9950 PRINCESS PALM AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33619
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 ATKINS, WILLIAM M JR
 Name:

 Address:
 9950 PRINCESS PALM AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33619
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALLAN HENDERSON D-P 04/24/2006