

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000005298

1. Entity Name
**TOWN CENTER SOUTH HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224**

Mailing Address
**4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224**



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0547665

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARBOUR, GREGORY J
4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224**

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARBOUR, GREGORY J
STREET ADDRESS	4314 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	VTD
NAME	O'STEEN, RICHARD H
STREET ADDRESS	4314 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	SD
NAME	RAY, RICHARD T
STREET ADDRESS	4314 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000630317
02/19/07-80036-019 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Gregory J. Barbour** **1-12-07** **904-992-9750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #