

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90359 029 \*\*\*\*61.25

<b>DOCUMENT # N05000006553</b> 1. Entity Name <b>TOWNSEND CITY HOMES PROPERTY OWNER'S ASSOCIATION, INC.</b>																																																																																															
Principal Place of Business <b>2506 S. MACDILL AVE. SUITE A TAMPA, FL 33629</b>			Mailing Address <b>2506 S. MACDILL AVE. SUITE A TAMPA, FL 33629</b>																																																																																												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																												
City & State			City & State																																																																																												
Zip		Country		Zip																																																																																											
Country		Country		4. FEI Number <b>20-4951544</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For Not Applicable       </div>																																																																																											
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																															
6. Name and Address of Current Registered Agent  <b>MAYTS, ANDREW J JR. 201 N. ARMENIA AVE. TAMPA, FL 33609</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																											
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.				FL Zip Code																																																																																											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																															
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																											
<b>Make check payable to Florida Department of State</b>																																																																																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LANDERS, JAMES F</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2506 S. MACDILL AVENUE, SUITE A TAMPA, FL 33629</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>HUDSON, ALAN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2506 S. MACDILL AVENUE, SUITE A TAMPA, FL 33629</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ROBERTS, KERRY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2506 S. MACDILL AVENUE, SUITE A TAMPA, FL 33629</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	LANDERS, JAMES F		CITY-ST-ZIP	2506 S. MACDILL AVENUE, SUITE A TAMPA, FL 33629		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	HUDSON, ALAN		CITY-ST-ZIP	2506 S. MACDILL AVENUE, SUITE A TAMPA, FL 33629		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	ROBERTS, KERRY		CITY-ST-ZIP	2506 S. MACDILL AVENUE, SUITE A TAMPA, FL 33629		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																															
<b>SIGNATURE:</b> _____																																																																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																															
Date Daytime Phone #																																																																																															

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