

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90008 024 ****61.25

DOCUMENT # N06000005027																					
1. Entity Name TOWNE SQUARE II PHASE TWO PROPERTY OWNERS ASSOCIATION, INC.																					
Principal Place of Business 4010 CANYON LAKE PT. LAKELAND, FL 33803			Mailing Address 4010 CANYON LAKE PT. LAKELAND, FL 33803																		
2. Principal Place of Business - No P.O. Box # 1055 SUGARTREE LN, S.		3. Mailing Address 1055 SUGARTREE LN, S.																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State LAKELAND, FL		City & State LAKELAND, FL		4. FEI Number 20-4860542																	
Zip 33813		Country USA		Applied For Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent QUINN, JAMES P 4010 CANYON LAKE PT. LAKELAND, FL 33803			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> <td colspan="2" style="padding: 2px;">TAPIA, EDUARDO</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="2" style="padding: 2px;">5143 SOUTH LAKELAND DRIVE</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City</td> <td colspan="2" style="padding: 2px;">LAKELAND FL</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Zip Code</td> <td colspan="2" style="padding: 2px;">33813</td> </tr> </table>			Name		TAPIA, EDUARDO		Street Address (P.O. Box Number is Not Acceptable)		5143 SOUTH LAKELAND DRIVE		City		LAKELAND FL		Zip Code		33813	
Name		TAPIA, EDUARDO																			
Street Address (P.O. Box Number is Not Acceptable)		5143 SOUTH LAKELAND DRIVE																			
City		LAKELAND FL																			
Zip Code		33813																			
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. <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: bottom;"> SIGNATURE </td> <td style="width:50%; vertical-align: bottom;"> DATE 2-22-08 </td> </tr> </table> <p style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</p>						SIGNATURE	DATE 2-22-08														
SIGNATURE	DATE 2-22-08																				
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																	
Make check payable to Florida Department of State																					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
NAME	QUINN, JAMES P.		NAME																		
STREET ADDRESS	4010 CANYON LAKE PT.		STREET ADDRESS																		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP																		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																	
NAME	CHAMBERS, TRAVIS L		NAME	P.O. Box 7577																	
STREET ADDRESS	9918 BALAYE RUN DR., UNIT 302		STREET ADDRESS	LAKELAND, FL 33807-7577																	
CITY-ST-ZIP	TAMPA, FL 33619		CITY-ST-ZIP																		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
NAME	LIBERTORE, LARRY		NAME																		
STREET ADDRESS	5 LA TERRAZA		STREET ADDRESS																		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP																		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
NAME	EDUARDO J. TAPIA		NAME																		
STREET ADDRESS	5143 SOUTH LAKELAND DR.		STREET ADDRESS																		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP																		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
NAME	FELIPE L. OLIVERA		NAME																		
STREET ADDRESS	P.O. Box 7174		STREET ADDRESS																		
CITY-ST-ZIP	LAKELAND, FL 33807-7174		CITY-ST-ZIP																		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
NAME			NAME																		
STREET ADDRESS			STREET ADDRESS																		
CITY-ST-ZIP			CITY-ST-ZIP																		
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:			DATE 2-22-08																		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #																		