

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90235 012 ****61.25

DOCUMENT # N06000005758					
1. Entity Name TOWNHOMES AT OLEANDER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 437 N. OLEANDER AVE. DAYTONA BCH, FL 32118			Mailing Address 437 N. OLEANDER AVE. DAYTONA BCH, FL 32118		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address TOWNHOMES AT OLEANDER			
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 1527			
City & State		City & State ORMOND BEACH, FL			
Zip		Country		4. FEI Number 20-4954252 APPLIED FOR	
32175		USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, MICHAEL H 2570 OCEAN SHORE BLVD., UNIT 20 ORMOND BCH, FL 32176			7. Name and Address of New Registered Agent -- Name: WAYNE BALDWIN Street Address (P.O. Box Number is Not Acceptable): 437 N OLEANDER AVE #1 City: DAYTONA BEACH FL Zip Code: 32118		
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: <u>Wayne Balch</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE: <u>4/23/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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 NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, MICHAEL H 2750 OCEAN SHORE BLVD., UNIT 20 ORMOND BCH, FL 32176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President WAYNE BALDWIN 437 N. OLEANDER AVE #1 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, DONNA F 2750 OCEAN SHORE BLVD., UNIT 20 ORMOND BCH, FL 32176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES ALICE PALMATEER 437 N. OLEANDER AVE #3 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKELLETT, GORDON 71 GLENVIEW AVE. PONCE INLET, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREA DONNA CEPLANSKI 437 N. OLEANDER AVE #5 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Wayne Balch</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>4/23/08</u> <small>Daytime Phone #</small>	