

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007876

FILED
Jan 16, 2007
Secretary of State

Entity Name: TOWNES ON THE GREEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4014 GUNN HIGHWAY SUITE 250
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

4014 GUNN HIGHWAY SUITE 250
TAMPA, FL 33618

New Mailing Address:

FEI Number: 20-5265870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOBLEY, MARC
4014 GUNN HIGHWAY SUITE 250
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOBLEY, TIMOTHY F
Address: 4014 GUNN HIGHWAY SUITE 250
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: MOBLEY, TIM
Address: 4014 GUNN HIGHWAY SUITE 250
City-St-Zip: TAMPA, FL 33618

Title: DT () Delete
Name: GOODMAN, JAMIE
Address: 4014 GUNN HIGHWAY SUITE 250
City-St-Zip: TAMPA, FL 33618

Title: DS () Delete
Name: STEWART, TONYA
Address: 4014 GUNN HIGHWAY SUITE 250
City-St-Zip: TAMPA, FL 33618

Title: DVP () Delete
Name: MOBLEY, MARC
Address: 4014 GUNN HIGHWAY SUITE 250
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: BROWN, VAN
Address: 4014 GUNN HIGHWAY SUITE 250
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY F MOBLEY

D

01/16/2007

Electronic Signature of Signing Officer or Director

Date