

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004094

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** 100/TOWN CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1185 WEST GRANADA BLVD.  
SUITE 12  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

1185 WEST GRANADA BLVD.  
SUITE 12  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 27-0843227

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIUMENTO & GUNTARP, PA  
4 OLD KINGS ROAD NORTH  
SUITE B  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

CHIUMENTO & GUNTARP, PA  
145 CITY PLACE  
SUITE 301  
PALM COAST, FL 32164 US

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:**

04/05/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** HOLUB, PAUL F JR  
**Address:** 1185 WEST GRANADA BLVD. SUITE 12  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** VD  
**Name:** BUTLER, DAVID  
**Address:** PO BOX 4369  
**City-St-Zip:** WINTER PARK, FL 32793

**Title:** STD  
**Name:** HAMES, GINA  
**Address:** 1185 WEST GRANADA BLVD. SUITE 12  
**City-St-Zip:** ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID BUTLER

VD

04/05/2010

Electronic Signature of Signing Officer or Director

Date