2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State
03-15-2007 90027 007 ****61.25

DOCUMENT # N11862

1. Entity Name
CHURCH SQUARE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6960 ORLANDO DR P.O. BOX 7715 INDIAN LAKE ESTATES, FL 33855 US	P.O. BOX 7715 INDIAN LAKE ESTATES, FL 33855-7715

400030414

02072007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1672 BRADENTON DR	~~SAME~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
INDIAN LAKE ESTATES, FL	
City & State	City & State
Zip 33855 Country US	Zip Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMMS, JOHN 6960 ORLANDO DR P.O. BOX 7715 INDIAN LAKE ESTATES, FL 33855	Name: JULIAN K. THARP Street Address (P.O. Box Number is Not Acceptable): 1672 BRADENTON DR City: INDIAN LAKE ESTATES FL Zip Code: 33855

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: Julian K. Tharp 3/5/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P SIMMS, JOHN 6960 ORLANDO DR INDIAN LAKE ESTATES, FL 33855	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THARP, JULIAN K. 1672 BRADENTON DR INDIAN LAKE ESTATES, FL 33855	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD FRANKLIN, JOSEPH 6940 ORLANDO DR INDIAN LAKE ESTATES, FL 33855	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD BURGESS, TOM 1662 BRADENTON DR INDIAN LAKE ESTATES, FL 33855	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SIMMS, JAN 6960 ORLANDO DR INDIAN LAKE ESTATES, FL 33855	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FRANKLIN, MARGE 6940 ORLANDO DR INDIAN LAKE ESTATES, FL 33855	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BURGERS, TOM 1662 BRADENTON DR INDIAN LAKE ESTATES, FL 33855	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FRANKLIN, JOSEPH 6940 ORLANDO DR INDIAN LAKE ESTATES, FL 33855	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NELSON, GLENNA 6930 ORLANDO DR INDIAN LAKE ESTATES, FL 33855	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KAPLAN, SANDRA 6980 ORLANDO DR INDIAN LAKE ESTATES, FL 33855	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Julian K. Tharp JULIAN K. THARP 3/5/07 863-692-9424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #