

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12057

1. Entity Name

TOWNE SQUARE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2323 S. FLA AVE.  
LAKELAND FL 33802

Mailing Address

P.O. BOX 8169  
LAKELAND FL 33802

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2693183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CROSBY, SAMUEL G  
2323 S. FLA AVE.  
LAKELAND FL 33802

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DEREUS, MARJORIE  
STREET ADDRESS 2050 ARIANA BLVD.  
CITY-ST-ZIP AUBURNDAL FL 33823 ☐ Delete

TITLE STD  
NAME CROSBY, SAMUEL G  
STREET ADDRESS 2720 CLEVELAND HGTS. BLVD.  
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE VD  
NAME DEREUS, MARK T  
STREET ADDRESS 726 ORANGE PARK AVE.  
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10\*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *M. J. DEREUS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/23/02 863-967-8830  
Date Daytime Phone #

FILED  
Jan 30, 2002 8:00 am  
Secretary of State

01-30-2002 90113 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)