04/26/04 MON 11:23 FAX 863 688 2619 M C M PA

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State
04-28-2004 90248 003 ****61.25

DOCUMENT # N12057

1. Entity Name
TOWNE SQUARE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
2050 ARIANA BVD
A
AUBURNDALE, FL 33823

Mailing Address
~~XXX BOX XXX~~ SAME AS PRINCIPAL
~~XXX~~ PLACE OF BUSINESS
~~LAKELAND, FL 33802~~
~~XXXXXXXXXXXX~~

66423077

04262004 No Chg-NP CR2E037 (10/03)

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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

DEREUS, MARJORIE
2050 ARIANA BLVD
AUBURNDALE, FL 33823

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEREUS, MARJORIE
STREET ADDRESS	2050 ARIANA BLVD.
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	STD
NAME	DEREUS, FORREST E
STREET ADDRESS	2050 ARIANA BLVD
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	VD
NAME	DEREUS, MARK T
STREET ADDRESS	1548 ARIANA BLVD.
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Marjorie aDereus Pres 5/2/04 863 967-5146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #