


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N12057 1. Entity Name TOWNE SQUARE HOMEOWNERS ASSOCIATION, INC. |  |
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|--|---------|--|---------|
| Principal Place of Business 2050 ARIANA B;VD A AUBURNDALE FL 33823 | | Mailing Address 2050 ARIANA B;VD A AUBURNDALE FL 33823 | |
| 2. Principal Place of Business Suite, Apt #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E037 (10/04)

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 | | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 | PD DEREUS, MARJORIE 2050 ARIANA BLVD. AUBURNDALE FL 33823 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Add/Amend | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DEREUS, FORREST E 2050 ARIANA BLVD AUBURNDALE FL 33823 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Add/Amend | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DEREUS, MARK T 1548 ARIANA BLVD AUBURNDALE FL 33823 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Add/Amend | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Add/Amend | |
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1100000956433
05/04/05-80012-015 61.25

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marjorie Dereus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05 call 863-666-7623
863-967-5146

Date Daytime Phone #