


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N12057</b>		
1. Entity Name TOWNE SQUARE HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 2050 ARIANA B;VD A AUBURNDALE, FL 33823	Mailing Address 2050 ARIANA B;VD A AUBURNDALE, FL 33823	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  DEREUS, MARJORIE 2050 ARIANA BLVD AUBURNDALE, FL 33823		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEREUS, MARJORIE 2050 ARIANA BLVD. AUBURNDALE, FL 33823	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEREUS, FORREST E 2050 ARIANA BLVD AUBURNDALE, FL 33823	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEREUS, MARK T 1548 ARIANA BLVD AUBURNDALE, FL 33823	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>M. DEREUS</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/06 863-967-8830 Date Daytime Phone #



04292006 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2693183	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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05/13/06-80015-011 61.25