

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N12057

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**



05142008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2693183

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DEREUS, MARJORIE
2050 ARIANA BLVD
AUBURNDALE, FL 33823**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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 September 12, 2008**

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	

U00000951829
06/04/08-80053-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marjorie A. Dereus Pres
5/15/08 (863) 967-5446
Date Daytime Phone #