

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 11, 2008**  
**Secretary of State**

DOCUMENT# N29522

**Entity Name:** TOWNHOMES NORTH AT PORT ORANGE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**100 BLACK DUCK CIRCLE  
DAYTONA BEACH, FL 32119 US**New Principal Place of Business:**1190 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119 US**Current Mailing Address:**100 BLACK DUCK CIRCLE  
DAYTONA BEACH, FL 32119 US**New Mailing Address:**1190 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119 US**FEI Number:** 59-3000990**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DEGAYNER, NANCY L CAM  
100 BLACK DUCK CIRCLE  
DAYTONA BEACH, FL 32119 US**Name and Address of New Registered Agent:**BARKIN, MICHELE J CAM  
1190 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119 US

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: MICHELE J. BARKIN

11/11/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: GOODRICH, DORIS  
Address: 3527 D FOREST BRANCH DR  
City-St-Zip: PORT ORANGE, FL 32129Title: VP ( ) Delete  
Name: BROWN, JEAN  
Address: 3533 E FOREST BRANCH DR  
City-St-Zip: PORT ORANGE, FL 32129Title: S/T ( ) Delete  
Name: EVE, SCHERER  
Address: 3533 B FOREST BRANCH DR  
City-St-Zip: PORT ORANGE, FL 32129Title: D ( ) Delete  
Name: GOULET, GEORGE  
Address: 3530 FOREST BRANCH DR  
City-St-Zip: PT ORANGE, FL 32119Title: D ( ) Delete  
Name: NETTLES, DONALD L  
Address: 3533 C FOREST BRANCH DR  
City-St-Zip: PORT ORANGE, FL 32129**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS GOODRICH

P

11/11/2008

Electronic Signature of Signing Officer or Director

Date