## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N38177

FILED Apr 29, 2005 Secretary of State

Entity Name: PREMIER TOWNHOUSES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:		
JOHN M. ( 507 E 3RD PANAMA (		US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
JOHN M. C 507 EAST PANAMA (		US			
FEI Number:	59-3107708	FEI Number Applied For ( ) FEI N	umber Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
P O BOX 2 PANAMA ( The above in the State	TH STREET, SI 2467 CITY, FL 32401 named entity si e of Florida.	US	of changing its registere	ed office or registered agent, or both,	
SIGNATUF		Signature of Registered Agent		 Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:		Delete N.M., REET	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	D () I TRUMBULL, DEN 315 E 15TH ST PANAMA CITY, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPD () I HUDGIN, ALONZ 619 FIRST CT. PANAMA CITY, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () I COTTON, B. PHI 428 BUNKERS C PANAMA CITY, F	OVE RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () I HICKS, WM. STA 2605 BAYTREE PANAMA CITY, F	COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN M. GOODING DP 04/29/2005