

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43136

FILED
Apr 14, 2009
Secretary of State

Entity Name: TOWNHOMES WEST AT PORT ORANGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3640 CLYDE MORRIS BLVD.
PORT ORANGE, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

3511 S PENINSULA DR
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 59-2948443 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOLOMON, KAREN
3511 S PENINSULA DR
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

ROSKAMP, MARK
3511 S PENINSULA DR
PORT ORANGE, FL 32127 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: MARK ROSKAMP

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DICARLO, PHYLLIS
Address: 3552 C FOREST BRANCH DR
City-St-Zip: PORT ORANGE, FL 32129

Title: P () Delete
Name: JARMAN, CAROL
Address: 3542 #F CREEKSIDE DR.
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: MATZKE, CAROL
Address: 3550 B FOREST BRONET DR
City-St-Zip: PORT ORANGE, FL 32129

Title: S () Delete
Name: KUSUMITA, PASRICHA
Address: 3559 #C FOREST BRANCH DR.
City-St-Zip: PORT ORANGE, FL 32129

Title: VP () Delete
Name: JENSEN, GARY
Address: 3544 A CREEKSIDE DR
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: INMAN, RALPH
Address: 3542 A CREEKSIDE RD
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: T (X) Change () Addition
Name: MARTINEZ, JAMIE
Address: 3560 B FOREST BRANCH DR
City-St-Zip: PORT ORANGE, FL 32129

Title: S (X) Change () Addition
Name: JANSEN, PETER
Address: 3554 #E FOREST BRANCH DR.
City-St-Zip: PORT ORANGE, FL 32129

Title: VP (X) Change () Addition
Name: JENSEN, GARY
Address: 3544 A CREEKSIDE DR
City-St-Zip: PORT ORANGE, FL 32129

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: GARY JENSEN

VP

04/14/2009

Electronic Signature of Signing Officer or Director

Date