


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90093 006 ****61.25

DOCUMENT # N46106			
1. Entity Name TOWNE PLACE HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business ADNIL PROFESSIONALS INC 5915 MEMORIAL HWY STE. N TAMPA, FL 33615 US		Mailing Address ADNIL PROFESSIONALS INC 5915 MEMORIAL HWY STE. N TAMPA, FL 33615 US	
2. Principal Place of Business - No P.O. Box # 8425 N. Hubert Suite, Apt. #, etc.		3. Mailing Address 8425 N. Hubert Suite, Apt. #, etc.	
City & State Tampa FL 33614		City & State Tampa FL	
Zip 33614		Country	
4. FEI Number 59-3158699		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADNIL PROFESSIONALS, INC. 5915 MEMORIAL HWY. STE. N TAMPA, FL 33615		7. Name and Address of New Registered Agent Name: Adnil Professionals Inc Street Address (P.O. Box Number is Not Acceptable): 8425 N. Hubert Ave City: Tampa FL Zip Code: 33614	
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: <u>Linda Lockhart, Pres.</u> DATE: <u>1/15/07</u> <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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: FAHN, LAURA STREET ADDRESS: 6906 MIRROR LAKE AVE CITY-ST-ZIP: TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete	TITLE: Robert Dispersio, PD NAME: Robert Dispersio, PD STREET ADDRESS: 9714 Stone Mountain CITY-ST-ZIP: Tampa FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: KOMANOWSKI, CYNTHIA STREET ADDRESS: 9709 STONE MOUNTAIN CITY-ST-ZIP: TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete	TITLE: Michael Stevens, VPD NAME: Michael Stevens, VPD STREET ADDRESS: 9710 Stone Mountain CITY-ST-ZIP: Tampa FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: DOLCE, TATIANA STREET ADDRESS: 6704 MIRROR LAKE AVE CITY-ST-ZIP: TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete	TITLE: Jerry Mc Gagey, STD NAME: Jerry Mc Gagey, STD STREET ADDRESS: 9712 Stone Mountain CITY-ST-ZIP: Tampa FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u>		DATE: <u>1/15/07</u> DAYTIME PHONE #: <u>813-333-1357</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	