


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90048 037 ****61.25

DOCUMENT # N46106					
1. Entity Name TOWNE PLACE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business ADNIL PROFESSIONALS INC 8425 N. HUBERT TAMPA, FL 33614 US		Mailing Address ADNIL PROFESSIONALS INC 8425 N. HUBERT TAMPA, FL 33614 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3158699	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADNIL PROFESSIONALS, INC. 8425 N. HUBERT AVE TAMPA, FL 33614			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISPERSIO, ROBERT		NAME	dispersio Robert	
STREET ADDRESS	9714 STONE MOUNTAIN		STREET ADDRESS	9714 Stone Mtn	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	Tampa FL 33634	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, MICHAEL		NAME	Stevens, Michael	
STREET ADDRESS	9710 STONE MOUNTAIN		STREET ADDRESS	9710 Stone Mtn	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	Tampa FL 33634	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGAGHLEY, JERRY		NAME	McGashley, Jerry	
STREET ADDRESS	9712 STONE MOUNTAIN		STREET ADDRESS	9712 Stone Mtn	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	Tampa FL 33634	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura Fohn		NAME		
STREET ADDRESS	6906 Mirror Lake Ave		STREET ADDRESS		
CITY-ST-ZIP	Tampa FL 33634		CITY-ST-ZIP		
TITLE	AD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric Ceballos		NAME		
STREET ADDRESS	6707 Mirror Lake Ave		STREET ADDRESS		
CITY-ST-ZIP	Tampa FL 33634		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Robert Dispersio</i>		Date: 2/8/08		Daytime Phone #: 8133331357	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					