

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46106

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: TOWNE PLACE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

ADNIL PROFESSIONALS INC  
8425 N. HUBERT  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

ADNIL PROFESSIONALS INC  
8425 N. HUBERT  
TAMPA, FL 33614 US

**New Mailing Address:**

FEI Number: 59-3158699      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADNIL PROFESSIONALS, INC.  
8425 N. HUBERT AVE  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: DISPERSIO, ROBERT  
Address: 9714 STONE MOUNTAIN  
City-St-Zip: TAMPA, FL 33634

Title: PD ( ) Delete  
Name: STEVENS, MICHAEL  
Address: 9710 STONE MOUNTAIN  
City-St-Zip: TAMPA, FL 33634

Title: TD ( ) Delete  
Name: MCGAGHLEY, JERRY  
Address: 9712 STONE MOUNTAIN  
City-St-Zip: TAMPA, FL 33634

Title: SD (X) Delete  
Name: FOHN, LAURA  
Address: 6906 MIRROR LAKE AVE  
City-St-Zip: TAMPA, FL 33634

Title: AD (X) Delete  
Name: CEBALLOS, ERIC  
Address: 6707 MIRROR LAKE AVE  
City-St-Zip: TAMPA, FL 33634

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: MCGAGHLEY, JERRY  
Address: 9712 STONE MOUNTAIN  
City-St-Zip: TAMPA, FL 33634

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: MICHAEL STEVENS

Electronic Signature of Signing Officer or Director

PRES

02/24/2009

\_\_\_\_\_ Date