

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000288

FILED  
Apr 13, 2007  
Secretary of State

**Entity Name:** TOWNE PARK HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 59-3158700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST STATE ROAD 434, SUITE 5000  
LONGWOOD, FL 327795044 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: STD (X) Delete  
Name: ZAPATA, WILLIAM  
Address: 7714 MARBELLA AVE  
City-St-Zip: TAMPA, FL 33615

Title: VPD ( ) Delete  
Name: ROMINE, PEGGY  
Address: 9809 LONG MEADOW DR  
City-St-Zip: TAMPA, FL 33615

Title: PD ( ) Delete  
Name: HELMS, WARREN  
Address: 9733 LONG MEADOW DR  
City-St-Zip: TAMPA, FL 33615

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: PD (X) Change ( ) Addition  
Name: ROMINE, PEGGY  
Address: 9809 LONG MEADOW DR  
City-St-Zip: TAMPA, FL 33615

Title: VPD (X) Change ( ) Addition  
Name: GILLESPIE, DONNA  
Address: 9620 LONG MEADOW DR  
City-St-Zip: TAMPA, FL 33615

Title: STD ( ) Change (X) Addition  
Name: CASTELLS, NORMA  
Address: 7707 MARBELLA CREEK AVE  
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the 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: PEGGY ROMINE

PD

04/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date