2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 17, 2006 8:00 am Secretary of State

Principal Place of Business 24301 MALDEN CENTER DR 3UIT SOD SUIT SOD BONITA SPRINS, FL 34134 US SUITS 300 BONITA SPRINS, FL 34134 US SUITS 301 SOD SUI	DOCUMENT # N9200000685 1. Entity Name TOWNE LAKE PROPERTY OWNERS ASSOCIATION, INC.							04-17-2006	5 90397 004 ****6	1.25	
Suite, Apt. 4, etc. City & State Country Special Co	24301 WALDEN CENTER DR 243 SUITE 300 SUIT			4301 WALDEN CENTER DR JITE 300		US			TIII EENN EENN EENN AND 1815. BY	iii 64 80 i 686	
City & State Country Country Country Country Country Country Country S. Certificate of Status Desired S8.75 Austriants For Applied For Name and Address of Current Registered Agent Name Name Name City & FL Zip Code Name Name City & FL Zip Code City City FL Zip Code City City	Principal Place of Business 3.			Mailing Address							
Zip Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional feet Repaired \$8.75 Additional \$8.75 Add	Suite, Apt. #, etc.			Suite, Apt. #, etc.			01172006	Chg-NP	CR2E037 (11/05)		
Signature: Country Country Country Country S. Certificate of Status Desired S8.75 Addistonal Fee Required	City & State		City	City & State					<u> </u>	•	
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip	Country		Zip Co		untry	5. Certificate of Status Desired \$8.75 Additional				
WCI COMMUNITIES PROP MGMT INC 24/201 WALDEN CENTER DR BONITA SPRINGS, FL 34134 City FL Zip Code		6. Name and Address of Current	t Registered	Agent			7. Name and	Address of New	<u> </u>	-	
Street Address (P.O. Box Number is Not Acceptable)	14101 0014	MUNITIES SPORT MONTH				Name					
City FL Zip Code	24201 WALDEN CENTER DR					Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered office or regic.lered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, therefore or printing fame of requested agent and life if applicable. (NOTE Registered Agent speakure required when remeating) DATE	55. Tariba										
The obligations of registered agent. SIGNATURE Filing Fee is \$61.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS	*						FL} `				
Signature, Trood or printing time of regulatived agent and tills if application Agent signature required when necessaring) DATE	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.										
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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.