2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N92000000685

Entity Name: TOWNE LAKE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

24301 WALDEN CENTER DR
SUITE 300
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

12221 TOWNE LAKE DR
SUITE A
FORT MYERS, FL 33913 US

Current Mailing Address:

24301 WALDEN CENTER DR
SUITE 300
BONITA SPRINGS, FL 34134 US

New Mailing Address:

11670 SPOONBILL LN
FORT MYERS, FL 33913 US

FEI Number: 65-0377431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WCI COMMUNITIES PROP MGMT INC
24201 WALDEN CENTER DR
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

SARDO, VINCENT
11670 SPOONBILL LN
FORT MYERS, FL 33913 US

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: VINCENT SARDO 04/30/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TIBOL, DAVID
Address: 12251 TOWN LAKE DR
City-St-Zip: FORT MYERS, FL 33913 US

Title: VPD ( ) Delete
Name: SARDO, VINCE
Address: 11670 SPOONBILL LANE
City-St-Zip: FORT MYERS, FL 33913 US

Title: STD ( ) Delete
Name: TSCHAIKOWSKY, WOLF
Address: 12271 TOWNE LAKE DR
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: VINCENT SARDO VPD 04/30/2008
Electronic Signature of Signing Officer or Director Date