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FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000707 (1)

1. Corporation Name

TOWNCENTER AGENCY, INC.



Principal Place of Business

Mailing Address

800 SEMINOLE RD
ATLANTIC BEACH FL 32233
US

2021 VELA NORTE CIR.
ATLANTIC BEACH FL 32233
US

3. Date Incorporated or Qualified

12/10/1992

4. FEI Number

59-3158509

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAGAN, DON
2021 VELA NORTE CIR
ATLANTIC BEACH FL 32233

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WATERS, DEZMOND
STREET ADDRESS 1835 SEMINOLE RD
CITY-ST-ZIP ATLANTIC BEACH FL 32233

1.1 TITLE
1.2 NAME P, C
1.3 STREET ADDRESS Don Fagan
1.4 CITY-ST-ZIP 2021 Vela Norte Circle
Atlantic Beach, FL 32233

TITLE ST
NAME FLETCHER, JOANNA
STREET ADDRESS 804 EAST COAST DR
CITY-ST-ZIP ATLANTIC BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME DUNLAP, MICHAEL
STREET ADDRESS 1802 FIRST ST
CITY-ST-ZIP NEPTUNE BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME ALMAND, SUE
STREET ADDRESS 51 OCEAN BREEZE DR
CITY-ST-ZIP ATLANTIC BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME MOORE, RICHARD
STREET ADDRESS 404 MARGARET ST
CITY-ST-ZIP NEPTUNE BEACH FL 32266

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME JENKINS, POSEY
STREET ADDRESS 2119 BEACH AVE.
CITY-ST-ZIP ATLANTIC BEACH FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

4-26-98 2117-5200 (904)

CR2E037 (10/97)