

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000707

FILED  
May 09, 2006  
Secretary of State

Entity Name: TOWNCENTER AGENCY, INC.

## Current Principal Place of Business:

C/O CITY OF ATLANTIC BEACH  
800 SEMINOLE ROAD  
ATLANTIC BEACH, FL 32233 US

## New Principal Place of Business:

## Current Mailing Address:

2043 MARYE BRANT LOOP N  
NEPTUNE BEACH, FL 32266 US

## New Mailing Address:

FEI Number: 59-3158509      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

PAPPAS, JANINE  
2043 MARYE BRANT LOOP N  
NEPTUNE BEACH, FL 32266 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: TD ( ) Delete  
Name: PAPPAS, JANINE  
Address: 2043 MARYE BRANT LOOP N  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: PD ( ) Delete  
Name: FALON, NEIL  
Address: 1717 BEACH AVE  
City-St-Zip: ATLANTIC BEACH, FL 32277 US

Title: S ( ) Delete  
Name: SHAUGHNESSY, MAUREEN  
Address: 361 MAIN ST  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: D ( ) Delete  
Name: WATERS, DEZMOND  
Address: 1835 SEMINOLE RD  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VD ( ) Delete  
Name: ROBERTS, AMY  
Address: 204 FLORIDA BLVD  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D ( ) Delete  
Name: BISHOP, PATSY  
Address: 544 OCEAN BLVD  
City-St-Zip: ATLANTIC BEACH, FL 32233

## 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:

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 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: JANINE M PAPPAS

TD

05/09/2006

Electronic Signature of Signing Officer or Director

Date