

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000707

FILED
Jan 25, 2008
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:

261 BEACH AVE.
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

FEI Number: 59-3158509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNEAD, SUSAN B
261 BEACH AVE.
ATLANTIC BEACH, FL 32233 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: SNEAD, SUSAN B
Address: 261 BEACH AVE.
City-St-Zip: ATLANTIC BEACH, FL 32233

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
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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: SUSAN B. SNEAD

TD

01/25/2008

Electronic Signature of Signing Officer or Director

Date