

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90316 043 ****61.25

DOCUMENT # N94000001371					
1. Entity Name TOWNHOMES ON THE GREEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2525 NW 104TH CRT UNIT D GAINESVILLE, FL 32606 US			Mailing Address 2525 NW 104TH CRT UNIT D GAINESVILLE, FL 32606 US		
2. Principal Place of Business 2825 NW 104th Crt		3. Mailing Address 2825 NW 104th Crt			
Suite, Apt. #, etc. Unit D		Suite, Apt. #, etc. Unit D			
City & State Gainesville, FL		City & State Gainesville, FL			
Zip 32606		Country USA		Zip 32606	
Country USA		Country USA			
4. FEI Number 59-3249660					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BUEKELMAN, THOMAS 2825 N W 104TH CRT UNIT D GAINESVILLE, FL 32606					
7. Name and Address of New Registered Agent Name: <u>Beukelman, Thomas</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> Zip Code:					
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. SIGNATURE: <u>[Signature]</u> DATE: <u>10 Apr 04</u> (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JEAN POWELL 2825 NW 104TH CT #A GAINESVILLE, FL 32606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENKELMAN , THOMAS S 2825 W. 104TH CT., #D GAINESVILLE, FL 32606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Beukelman</u> ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARDER, GEORGE 2825 NW 104TH CT B GAINESVILLE, FL 32606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 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.					
SIGNATURE: <u>[Signature]</u> 10 Apr 04 (352) 332-7559 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					