



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # N94000001371		
1. Entity Name TOWNHOMES ON THE GREEN CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 2825 NW 104TH CT. UNIT D GAINESVILLE, FL 32606 US		Mailing Address 2825 NW 104TH CT. UNIT D GAINESVILLE, FL 32606 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BEUKELMAN, THOMAS 2825 N W 104TH CRT UNIT D GAINESVILLE, FL 32606		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	DST	
NAME	JEAN POWELL	
STREET ADDRESS	2825 NW 104TH CT #A	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	DP	
NAME	BEUKELMAN, THOMAS S	
STREET ADDRESS	2825 W. 104TH CT., #D	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	DV	
NAME	AUGUSTYNIAC, DAN	
STREET ADDRESS	2825 NW 104TH CT, C	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Thomas S. Beukelman, DP</i> 		25 Jan 06 (352) 332-7559
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3249660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/06/06-80021-022 61,25

**DO NOT WRITE
IN THIS SPACE**