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Apr 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004170 (6)

1. Corporation Name

TOWNSEND ROAD ESTATES PROPERTY OWNERS ASSOCIATIO
N, INC.

Principal Place of Business

Mailing Address

3909 NORTHHAMPTON WAY
TAMPA FL 336243909 NORTHHAMPTON WAY
TAMPA FL 33624-44433. Date Incorporated or Qualified
08/25/19943a. Date of Last Report
04/05/1996

2. Principal Place of Business

21 Dade City Fla

2a. Mailing Address

26 14121 Regency Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

33525

30

Pasco

9. Name and Address of Current Registered Agent

LOCKEY, CAROL M
3909 NORTHHAMPTON WAY
TAMPA FL 33624

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETENAME LOCKEY, CAROL M
STREET ADDRESS 14121 REGENCY LANE WAY
CITY-ST-ZIP DADE CITY FL 33525TITLE VD ☐ DELETENAME MADILL, FLORINE M
STREET ADDRESS 14121 REGENCY LANE WAY
CITY-ST-ZIP DADE CITY FL 33525TITLE STD ☐ DELETENAME MADILL, EDWIN L
STREET ADDRESS 14121 REGENCY LANE WAY
CITY-ST-ZIP DADE CITY FL 33525TITLE ☐ DELETENAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETENAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETENAME
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

Edwin L. Madill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-97 352-569-3989

Date

Daytime Phone # 0048648

CR2E037 (9/96)