

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000005508

1. Entity Name
TOWLES COURT OWNERS ASSOCIATION, INC.



Principal Place of Business
1905 MORRILL ST.
SARASOTA, FL 34236

Mailing Address
1947 MORRILL ST.
SARASOTA, FL 34236



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0630346

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUTCHENS, JOHN J JOHN HU
1947 MORRILL STREET
SARASOTA, FL 34236

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TSIGOUNIS, STANLEY
1958 ADAMS LANE
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KITTINGER, KATHRYN
1919 MORRILL STREET
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
HUTCHENS, JOHN
1947 MORRILL STREET
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000785583
01/17/08-80006-014 61.25

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IN THIS SPACE**

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:

John Hutchens
John Hutchens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08

Date

(941) 366-9070

Daytime Phone #