2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90045 010 ****61.25

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1. Entity Name
TOWNHOMES BY THE GULF AT SAND PEBBLE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
COMMUNITY MGMT SRVS
5609 45 19 STE
NEW PORT RICHEY, FL 34652

Mailing Address
COMMUNITY MGMT SRVS
5609 45 19 STE
NEW PORT RICHEY, FL 34652

2. Principal Place of Business - No P.O. Box # 5837 Trable Creek Rd.
Suite, Apt. #, etc.
City & State New Port Richey, FL
Zip 34652 Country USA

3. Mailing Address 5837 Trable Creek Rd.
Suite, Apt. #, etc.
City & State New Port Richey, FL
Zip 34652 Country USA

01142008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3522954 Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
COMMUNITY MGMT SRVS., INC
5609 US 19 STE E
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent
Name Community Management Services, Inc.
Street Address (P.O. Box Number is Not Acceptable) 5837 Trable Creek Rd.
City New Port Richey FL Zip Code 34652

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	TRIOLA, ROBERT SR	
STREET ADDRESS	8230 AQUILA ST	
CITY-ST-ZIP	PORT RICHEY, FL 34668	

TITLE	VPD	☐ Delete
NAME	TRIOLA, ROBERT JR	
STREET ADDRESS	8207 AQUILA ST	
CITY-ST-ZIP	PORT RICHEY, FL 34668	

TITLE	TR	☐ Delete
NAME	DAILY, TIM	
STREET ADDRESS	8242 AQUILA STREET	
CITY-ST-ZIP	PORT RICHEY, FL 34668	

TITLE	D	☐ Delete
NAME	O'NEILL, STEVEN	
STREET ADDRESS	8306 AQUILA STREET	
CITY-ST-ZIP	PORT RICHEY, FL 34668	

TITLE	D	☐ Delete
NAME	STOCHELEK, JOSEPH	
STREET ADDRESS	8226 BRENT ST	
CITY-ST-ZIP	PORT RICHEY, FL 34668	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	☐ Change ☒ Addition
NAME	Steven O'neill	
STREET ADDRESS	8306 Aquila St.	
CITY-ST-ZIP	Port Richey, FL 34668	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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: Tim DAILY 4/4/08 727-816-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #