

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003691

1. Entity Name

TOWN PARK-HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

846 Riverside Drive
Ormond Beach, FL 32176

P.O. Box 0396
Ormond Beach, FL 32175-0396

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3495766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, JERRY JR.
3925 South Nova Road
Port Orange, FL 32127

Name

JOHNSON, JERRY SR.

Street Address (P.O. Box Number is Not Acceptable)

3925 South Nova Road

City

Port Orange

FL

Zip Code
32127

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.

SIGNATURE

Jerry Johnson Sr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|---|---|--|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | DP JOHNSON, JERRY JR. 3925 SOUTH NOVA ROAD PORT ORANGE FL 32127 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D FISHER, JAMES R. 3925 SOUTH NOVA ROAD PORT ORANGE FL 32127 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | DST JOHNSON, JERRY SR. 3925 SOUTH NOVA ROAD PORT ORANGE FL 32127 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | DV JOBALIA, DIPAK 846 RIVERSIDE DRIVE ORMOND BEACH FL 32176 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |

| | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Jerry Johnson Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

Daytime Phone #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90182 026 ****61.25

103192

DO NOT WRITE IN THIS SPACE

CR2E037 (9-99)