

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90067 023 ****61.25

DOCUMENT # N98000003691

1. Entity Name

TOWN PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**846 RIVERSIDE DRIVE
 ORMOND BEACH FL 32176**

**PO BOX 0396
 ORMOND BEACH FL 32176**

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

59-3495768

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) 1221 Dunlawton Ave
 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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
D	FISHER, JAMES R 3925 SOUTH NOVA ROAD PORT ORANGE FL 32127	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DST	JOHNSON, JERRY SR 3925 SOUTH NOVA ROAD PORT ORANGE FL 32127	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV	JOBALIA, DIPAK 846 RIVERSIDE DRIVE ORMOND BEACH FL 32176	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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:

~~SIGNATURE REQUIRED~~
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01 904-673-9664

Date Daytime Phone #

CR2E037 (10/00)