

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003691

1. Entity Name

TOWN PARK HOMEOWNERS ASSOCIATION, INC.

FILED

Feb 01, 2002 8:00 am  
Secretary of State

02-01-2002 90056 032 \*\*\*\*61.25

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

4. FEI Number

59-3495768

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
1221 DUNKUTION AVE  
PORT ORANGE FL 32127

Name

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

City

FL

Zip Code

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

(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

TITLE D ☐ Delete  
NAME FISHER, JAMES R  
STREET ADDRESS 3925 SOUTH NOVA ROAD  
CITY-ST-ZIP PORT ORANGE FL 32127

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

TITLE DST ☐ Delete  
NAME JOHNSON, JERRY SR  
STREET ADDRESS 3925 SOUTH NOVA ROAD  
CITY-ST-ZIP PORT ORANGE FL 32127

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

TITLE DV ☐ Delete  
NAME JOBALIA, DIPAK  
STREET ADDRESS 846 RIVERSIDE DRIVE  
CITY-ST-ZIP ORMOND BEACH FL 32176

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-02 386-673-4664

CR2E037 (9/01)