

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003691

FILED
Apr 19, 2005
Secretary of State

Entity Name: TOWN PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1221 DUNLAWTON AVENUE
SUITE 2
PORT ORANGE, FL 32129

New Principal Place of Business:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

Current Mailing Address:

P. O. BOX 0396
ORMOND BEACH, FL 32176

New Mailing Address:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32117

FEI Number: 59-3495768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, JAMES R
1221 DUNLAWTON AVENUE
SUITE 2
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

BARKIN, MICHELE
1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

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: MICHELE BARKIN

04/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FISHER, JAMES R
Address: 3925 SOUTH NOVA ROAD
City-St-Zip: PORT ORANGE, FL 32127

Title: DST () Delete
Name: JOHNSON, JERRY SR
Address: 3925 SOUTH NOVA ROAD
City-St-Zip: PORT ORANGE, FL 32127

Title: DV () Delete
Name: JOBALIA, DIPAK
Address: 846 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SMITH, ART
Address: 4272 MAYFAIR LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: DVP (X) Change () Addition
Name: FRANCIS, PAUL
Address: 4252 MAYFAIR LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: DS/T (X) Change () Addition
Name: HOCAL, CAROL
Address: 4219 MAYFAIR LANE
City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ART WHITE

DP

04/19/2005

Electronic Signature of Signing Officer or Director

Date