

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003691

FILED
Mar 07, 2006
Secretary of State

Entity Name: TOWN PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 59-3495768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: DS/T () Delete
Name: HOCAC, CAROL
Address: 4219 MAYFAIR LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RUFFINO, GERARD J
Address: 4237 HIDDEN LAKE
City-St-Zip: PORT ORANGE, FL 32128

Title: DVP (X) Change () Addition
Name: KEYES, JIM
Address: 1697 PROMENADE
City-St-Zip: PORT ORANGE, FL 32128

Title: D/VP (X) Change () Addition
Name: MARTIN, KEITH
Address: 4256 HIDDEN LAKE
City-St-Zip: PORT ORANGE, FL 32128

Title: D/S () Change (X) Addition
Name: LANNI, DEBORAH
Address: 1685 TOWN PARK
City-St-Zip: PORT ORANGE, FL 32128

Title: D/T () Change (X) Addition
Name: FRANCIS, PAUL
Address: 4259 MAYFAIR
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 Chapter 119, 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: GERARD RUFFINO

D/P

03/07/2006

Electronic Signature of Signing Officer or Director

Date