


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90061 013 ****61.25

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1. Entity Name
TOWN PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1166 PELICAN BAY DRIVE
 DAYTONA BEACH, FL 32119**

Mailing Address
**1166 PELICAN BAY DRIVE
 DAYTONA BEACH, FL 32117**

2. Principal Place of Business - No P.O. Box #
1190 PELICAN BAY DRIVE

3. Mailing Address
1190 PELICAN BAY DRIVE

Suite, Apt. #, etc.

City & State
DAYTONA BEACH FL.

City & State
DAYTONA BEACH, FL.

Zip
32119

Country
USA



03062007 Chg-NP CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

Name **BARKIN, MICHELE**

Street Address (P.O. Box Number is Not Acceptable)
1190 PELICAN BAY DRIVE

City **DAYTONA BEACH** FL Zip Code **32119**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michele Barkin* DATE 3-14-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	RUFFINO, GERARD J	4237 HIDDEN LAKE	PORT ORANGE, FL 32128	<input checked="" type="checkbox"/>
DVP	KEYES, JIM	1697 PROMENADE	PORT ORANGE, FL 32128	<input checked="" type="checkbox"/>
DVP	MARTIN, KEITH	4256 HIDDEN LAKE	PORT ORANGE, FL 32128	<input checked="" type="checkbox"/>
D/S	LANNI, DEBORAH	1685 TOWN PARK	PORT ORANGE, FL 32128	<input checked="" type="checkbox"/>
D/T	FRANCIS, PAUL	4259 MAYFAIR	PORT ORANGE, FL 32128	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	WAGONER, JIM	4247 MAYFAIR LAKE	PORT ORANGE, FL 32129	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVP	FILNEGAN, EDWARD R	4177 MAYFAIR LAKE	PORT ORANGE, FL 32129	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVP	FRANCIS, PAUL	4252 MAYFAIR LAKE	PORT ORANGE, FL 32129	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/S	RUSSO, JOHN V	4234 MAYFAIR LAKE	PORT ORANGE, FL 32129	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/T	RIMMER, JUDY M	1676 TOWN PARK DRIVE	PORT ORANGE, FL 32129	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *John V. Russo* **John V. RUSSO** DATE 321-747-0214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #