

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003691

FILED  
Mar 12, 2008  
Secretary of State

**Entity Name:** TOWN PARK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1190 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

1190 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

**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  
1190 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: WAGONER, JIM  
Address: 4247 HAYFAIR LANE  
City-St-Zip: PORT ORANGE, FL 32129

Title: DVP ( ) Delete  
Name: FINNEGAN, EDWARD R  
Address: 4177 HAYFAIR LANE  
City-St-Zip: PORT ORANGE, FL 32129

Title: DVP ( ) Delete  
Name: FRANCIS, PAUL  
Address: 4252 HAYFAIR LANE  
City-St-Zip: PORT ORANGE, FL 32129

Title: D/S ( ) Delete  
Name: RUSSO, JOHN V  
Address: 4234 HAYFAIR LANE  
City-St-Zip: PORT ORANGE, FL 32129

Title: D/T (X) Delete  
Name: RIHNER, JUDY M  
Address: 1675 TOWN PARK DRIVE  
City-St-Zip: PORT ORANGE, FL 32129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: RIMMER, ANN  
Address: 1676 TOWN PARK DRIVE  
City-St-Zip: PORT ORANGE, FL 32129

Title: DT (X) Change ( ) Addition  
Name: SCHRIEBER, NANCY  
Address: 4232 MAYFAIR LANE  
City-St-Zip: PORT ORANGE, FL 32129

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JIM WAGONER

DP

03/12/2008

Electronic Signature of Signing Officer or Director

Date