

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003691

FILED
Apr 02, 2009
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: DS () Delete
Name: RIMMER, ANN
Address: 1676 TOWN PARK DRIVE
City-St-Zip: PORT ORANGE, FL 32129

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WAGONER, JIM
Address: 4247 MAYFAIR LANE
City-St-Zip: PORT ORANGE, FL 32129

Title: DVP (X) Change () Addition
Name: FINNEGAN, EDWARD R
Address: 4177 MAYFAIR LANE
City-St-Zip: PORT ORANGE, FL 32129

Title: DS (X) Change () Addition
Name: FLEMING, HEIDI
Address: 4079 CLOCK TOWER DRIVE
City-St-Zip: PORT ORANGE, FL 32129

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

Title: D () Change (X) Addition
Name: MESSINA, TONY
Address: 4223 MAYFAIR LANE
City-St-Zip: PORT ORANGE, FL 32129

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

04/02/2009

Electronic Signature of Signing Officer or Director

Date