

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90302 033 ****61.25

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DOCUMENT # N98000003733					
1. Entity Name TOWNE PARK TOWNHOMES COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 713 SPENCER AVE CLEARWATER, FL 33756		Mailing Address 713 SPENCER AVE CLEARWATER, FL 33756			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORRISON, SCOTT 713 SPENCER AVENUE CLEARWATER, FL 33756			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, MELODY		NAME	WILLIAMS, JASON	
STREET ADDRESS	725 SPENCER AVE		STREET ADDRESS	701 SPENCER AVE.	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRASON, CHRIS		NAME	CONTI, MELODIE	
STREET ADDRESS	737 SPENCER AVE		STREET ADDRESS	725 SPENCER AVE	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALANIDA, JOANNE		NAME	GALANIDA, JOANNE	
STREET ADDRESS	719 SPENCER AVENUE SOUTH		STREET ADDRESS	520 BOCA CIEGA POINT BLVD. N	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	ST. PETERSBURG, FL 33708	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEIGLER, JOY		NAME	PANTERMUEHL, JOHN PAUL + JENNIFER	
STREET ADDRESS	731 SPENCER AVE		STREET ADDRESS	171 PANTERMUEHL RD.	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	NEW BRAUNFELS, TX 78132	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, SCOTT		NAME		
STREET ADDRESS	713 SPENCER AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAULERSON, ANNABELL		NAME		
STREET ADDRESS	707 SPENCER AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Scott E. Morrison</i>		SCOTT E. MORRISON		4/12/05 727-449-2366	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	