
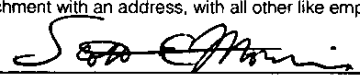


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90152 002 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04042007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
MORRISON, SCOTT 713 SPENCER AVENUE CLEARWATER, FL 33756				7. Name and Address of New Registered Agent	
				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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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 type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, JASON		NAME	JOHN PAUL + JENNIFER PANTERMEHL	
STREET ADDRESS	701 SPENCER AVE		STREET ADDRESS	737 SPENCER AVE.	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELIAZER, KEVIEN		NAME		
STREET ADDRESS	725 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	GALANIDA, JOANNE		NAME		
STREET ADDRESS	520 BOCA CIEGA POINT BLVD. VORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZEIGLER, JOY		NAME		
STREET ADDRESS	731 SPENCER AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP		
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 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: 			4/4/07 727-449-2366		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		