
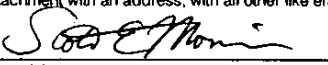


FILED  
Apr 21, 2008 8:00 am  
Secretary of State

04-21-2008 90065 021 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N98000003733</b>					
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			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, JASON		NAME	JOHN + JENNIFER PANTERMUEHL	
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, KEVIN		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	GANANIDA, 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: 		SCOTT E. MORRISON		4/10/08 727-449 2366	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	