

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001965

FILED  
May 09, 2005  
Secretary of State

**Entity Name:** TOWNHOMES ON LINCOLN HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

210 S LINCOLN AVE  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

210 S LINCOLN AVE  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 59-3582880      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DOMINGUEZ, PATRICIA A  
210 S LINCOLN AVE  
TAMPA, FL 33609 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: DOMINGUEZ, PATRICIA A  
Address: 210 S LINCOLN AVE  
City-St-Zip: TAMPA, FL 33609

Title: DS ( ) Delete  
Name: SCHMIDT, MICHELLE S  
Address: 208 S LINCOLN AVE  
City-St-Zip: TAMPA, FL 33609

Title: DT ( ) Delete  
Name: BASNIGHT, KATHRYN  
Address: 204 S LINCOLN AVE  
City-St-Zip: TAMPA, FL 33609

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

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

Title: DS (X) Change ( ) Addition  
Name: RIDGE, BRIAN  
Address: 214 S LINCOLN AVE  
City-St-Zip: TAMPA, FL 33609

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHRYN BASNIGHT

DT

05/09/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date