

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766539

Entity Name: TOWN OAKS HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**1930 COMMERCE LANE
#1
JUPITER, FL 33458**Current Mailing Address:**1930 COMMERCE LANE
#1
JUPITER, FL 33458 US**FEI Number: 59-2566901****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FIELD, GARY PA
4440 PGA BLVD #308
PALM BEACH GARDENS, FL 33410 US*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:** GARY FIELD**04/21/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	SCHUSTER, MATT
Address	1052 RAINTREE LANE
City-State-Zip:	PBG FL 33410

Title	SECRETARY
Name	OBERG, LEIGH-ANN
Address	1091 RAINTREE CT
City-State-Zip:	PBG FL 33410

Title	VP
Name	BEREDA, JANET
Address	1027 RAINTREE DRIVE
City-State-Zip:	PBG FL 33410

Title	TREASURER
Name	CALLAHAN, PATRICIA
Address	1075 RAINTREE LANE
City-State-Zip:	PBG FL 33410

Title	DIRECTOR
Name	RENNIE, DIANE
Address	1038 RAINTREE DRIVE
City-State-Zip:	PBG FL 33410

Title	VP
Name	BEREDA, JANET
Address	1027 RAINTREE DRIVE
City-State-Zip:	PBG FL 33410

Title	TREASURER
Name	CALLAHAN, PATRICIA
Address	1075 RAINTREE LANE
City-State-Zip:	PBG FL 33410

Title	DIRECTOR
Name	RENNIE, DIANE
Address	1038 RAINTREE DRIVE
City-State-Zip:	PBG FL 33410

I hereby 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 all other like empowered.

SIGNATURE: MATT SCHUSTER**PRESIDENT****04/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date