

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:25

DOCUMENT # **758216** (6)  
1. Corporation Name  
**TOWNE PARK NORTH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
C/O FLA LIFESTYLE PROPERTY MANAGEMENT C/O FLA LIFESTYLE PROPERTY MANAGEMENT  
1501 DECKER AVE. S112 1501 DECKER AVE. S112  
STUART FL 33494 STUART FL 34994  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/29/1981** 3a. Date of Last Report **03/08/1994**  
4. FEI Number **59-2214978** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**CORNETT, JANE**  
**C/O WACKEEN, CORNETT & GOOGE, P.A.**  
**401 E OSCEOLA ST**  
**STUART FL 34994**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WICAL, JOSEPHINE
STREET ADDRESS	802 CENTRAL PKWY #07
CITY - ST - ZIP	STUART FL
TITLE	S
NAME	ADAMS, BARBARA
STREET ADDRESS	803 CENTRAL PKWY #06
CITY - ST - ZIP	STUART FL
TITLE	D
NAME	<del>LEASE, LINDA</del>
STREET ADDRESS	<del>806 CENTRAL PKWY #2</del>
CITY - ST - ZIP	<del>STUART FL</del> DELETE
TITLE	VPD
NAME	<del>DECKER, HAROLD</del>
STREET ADDRESS	<del>806 CENTRAL PKWY #19</del>
CITY - ST - ZIP	<del>STUART FL</del> DELETE
TITLE	T
NAME	WHALE, TOM
STREET ADDRESS	802 CENTRAL PKWY #11
CITY - ST - ZIP	STUART FL
TITLE	P
NAME	<del>MALONE, B.</del>
STREET ADDRESS	<del>803 CENTRAL PKWY #1-</del>
CITY - ST - ZIP	<del>STUART FL</del> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MALONE, BERNARD
3.3 STREET ADDRESS	803 Central Parkway #01
3.4 CITY - ST - ZIP	Stuart, FL 34994
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VPD CANFIELD, FRED
4.3 STREET ADDRESS	803 CENTRAL PARKWAY #07
4.4 CITY - ST - ZIP	Stuart, FL 34994
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	P PAGANO, JOHN JR.
6.3 STREET ADDRESS	806 Central Parkway #15
6.4 CITY - ST - ZIP	Stuart, FL 34994

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Pagano* **JOHN PAGANO JR. PRESIDENT** Date: **2-24-95** Number: **287-4427**