

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 10/29/1981 3a. Date of Last Report 03/09/1995
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
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 28 Zip Country 29 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WICAI, JOSEPHINE	
STREET ADDRESS	802 CENTRAL PKWY #07	
CITY - ST - ZIP	STUART FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ADAMS, BARBARA	
STREET ADDRESS	803 CENTRAL PKWY #06	
CITY - ST - ZIP	STUART FL	
TITLE	D T	<input type="checkbox"/> DELETE
NAME	MALONE, BERNARD	
STREET ADDRESS	803 CENTRAL PARKWAY #01	
CITY - ST - ZIP	STUART FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CARMICHAEL, JERRY	
STREET ADDRESS	803 CENTRAL PARKWAY #07	
CITY - ST - ZIP	STUART FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WHALE, TOM	
STREET ADDRESS	802 CENTRAL PARKWAY #07	
CITY - ST - ZIP	STUART FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PAGANO, JOHN J	
STREET ADDRESS	806 CENTRAL PARKWAY #15	
CITY - ST - ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WICAI, JOSEPHINE	
1.3 STREET ADDRESS	802 CENTRAL PKWY #07	
1.4 CITY - ST - ZIP	STUART FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ED MCCORMACK	
4.3 STREET ADDRESS	804 CENTRAL PARKWAY #2	
4.4 CITY - ST - ZIP	STUART FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EJ RUSSO	
5.3 STREET ADDRESS	805-6 CENTRAL PARKWAY	
5.4 CITY - ST - ZIP	STUART, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0016064

CR2E037 (3/96)