

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758216 (6)**

1. Corporation Name  
**TOWNE PARK NORTH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>C/O FLA LIFESTYLE PROPERTY MANAGEMENT 1501 DECKER AVE. S112 STUART FL 33494 US</b>	Mailing Address <b>C/O FLA LIFESTYLE PROPERTY MANAGEMENT 1501 DECKER AVE. S112 STUART FL 34994-3958 US</b>
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2. Principal Place of Business <b>21 Prestige Property Management</b> Suite, Apt. #, etc. <b>22 3125 SW Mapp Rd.</b> City & State <b>23 Palm City, FL 34990</b> Zip <b>24 34990</b>	2a. Mailing Address <b>25 Prestige Property Management</b> Suite, Apt. #, etc. <b>27 PO Box 3385</b> City & State <b>28 Stuart, FL 34995</b> Zip <b>29 34995</b> Country <b>30 US</b>
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3. Date Incorporated or Qualified <b>10/29/1981</b>	3a. Date of Last Report <b>06/25/1996</b>
4. FEI Number <b>59-2214978</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  <b>CORNETT, JANE</b> <b>C/O WACKEN, CORNETT &amp; GOUGE, P.A.</b> <b>401 E OSCEOLA ST</b> <b>STUART FL 34994</b>	10. Name and Address of New Registered Agent <table border="1"> <tr><td>81 Name</td></tr> <tr><td>82 Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>83</td></tr> <tr><td>84 City</td></tr> <tr><td>85 Zip Code</td></tr> </table>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
81 Name						
82 Street Address (P.O. Box Number is Not Acceptable)						
83						
84 City						
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICAI, JOSEPHINE	1.2 NAME	
STREET ADDRESS	802 CENTRAL PKWY #07	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, BARBARA	2.2 NAME	
STREET ADDRESS	803 CENTRAL PKWY #08	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONE, BERNARD	3.2 NAME	
STREET ADDRESS	803 CENTRAL PARKWAY #01	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMACK, ED	4.2 NAME	
STREET ADDRESS	804 CENTRAL PARKWAY #2	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, EJ	5.2 NAME	
STREET ADDRESS	805-8 CENTRAL PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGANO, JOHN JR	6.2 NAME	
STREET ADDRESS	806 CNETRAL PARKWAY #15	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE: *John Pagano* **SIGNATURE REQUIRED** 2-24-97 287-4427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071936

CR2E037 (9/96)