

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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>PRESTIGE PROPERTY MANAGEMENT 3125 SW MAPP RD PALM CITY FL 34980 US</b>	Mailing Address <b>PRESTIGE PROPERTY MANAGEMENT P.O BOX 3385 STUART FL 34995 US</b>
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3. Date Incorporated or Qualified <b>10/29/1981</b>	4. FEI Number <b>59-2214978</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> 7136 SE Osprey Street <b>28</b> City & State <b>29</b> Hobe Sound, FL <b>30</b> Zip <b>31</b> Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS		13. ST ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>PAGANO, JOHN J</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>LOIS SCOTT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS <b>806 CENTRAL PARKWAY #15</b>		1.2 NAME <b>806 CENTRAL PKY #10</b>	
CITY-ST-ZIP <b>STUART FL 34994</b>		1.3 STREET ADDRESS <b>STUART, FL 34994</b>	
TITLE <b>VPD D</b> <input type="checkbox"/> DELETE		2.1 TITLE <b>DTM TOBIN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>WICAL, JOSEPHINE</b>		2.2 NAME <b>806 CENTRAL PKY #11</b>	
STREET ADDRESS <b>802 CENTRAL PARKWAY #07</b>		2.3 STREET ADDRESS <b>STUART, FL 34994</b>	
CITY-ST-ZIP <b>STUART FL 34994</b>		2.4 CITY-ST-ZIP	
TITLE <b>D VPD</b> <input type="checkbox"/> DELETE		3.1 TITLE <b>MARY-ANN DECHER</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>WHALE, TOM</b>		3.2 NAME <b>806-13 CENTRAL PKY</b>	
STREET ADDRESS <b>802 CENTRAL PKWAY #11</b>		3.3 STREET ADDRESS <b>STUART, FL</b>	
CITY-ST-ZIP <b>STUART FL 34994</b>		3.4 CITY-ST-ZIP	
TITLE <b>ST</b> <input checked="" type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>ADAMS, BARBARA</b>		4.2 NAME	
STREET ADDRESS <b>802 CENTRAL PKWAY #08</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>STUART FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>DT</b> <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MALONE, BERNARD</b>		5.2 NAME	
STREET ADDRESS <b>803 CENTRAL PKWAY #01</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>STUART FL 34994</b>		5.4 CITY-ST-ZIP	
TITLE <b>D PD</b> <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MCCORMACK, ED</b>		6.2 NAME	
STREET ADDRESS <b>804 CENTRAL PKWAY #2</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>STUART FL 34994</b>		6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: **Bernard Malone** (561) 288-6551 *Bernard A. Malone, 19 Mar 98*

CR2E037 (10/97)