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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758216

1. Corporation Name

TOWNE PARK NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

PRESTIGE PROPERTY MANAGEMENT
3125 SW MAPP RD
PALM CITY FL 34990
US

Mailing Address

CONCEPT MGMT SERVICE
7136 SE OSPREY ST
HOBE SOUND FL 33455
US



2. Principal Place of Business

21 Concept Mgmt. Service

Suite, Apt. #, etc.
7136 SE Osprey Street

23 City & State
Hobe Sound, Florida

24 Zip Country
33455 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country
30

3. Date Incorporated or Qualified

10/29/1981

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

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 ST ☒ DELETE
NAME SCOTT, LOIS
STREET ADDRESS 806 CENTRAL PKY #10
CITY-ST-ZIP STUART FL 34994

TITLE D ☒ DELETE
NAME WICAI, JOSEPHINE
STREET ADDRESS 802 CENTRAL PARKWAY #07
CITY-ST-ZIP STUART FL 34994

TITLE VPD ☒ DELETE
NAME WHALE, TOM
STREET ADDRESS 802 CENTRAL PKWAY #11
CITY-ST-ZIP STUART FL 34994

TITLE D ☐ DELETE
NAME TOBIN, TOM
STREET ADDRESS 806 CENTRAL PKY #11
CITY-ST-ZIP STUART FL 34994

TITLE DT ☒ DELETE
NAME MALONE, BERNARD
STREET ADDRESS 803 CENTRAL PKWAY #01
CITY-ST-ZIP STUART FL 34994

TITLE PD ☒ DELETE
NAME MCCORMACK, ED
STREET ADDRESS 804 CENTRAL PKWAY #2
CITY-ST-ZIP STUART FL 34994

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D ☒ Change ☐ Addition
1.2 NAME SCOTT, LOIS
1.3 STREET ADDRESS 806 CENTRAL PARKWAY #10
1.4 CITY-ST-ZIP STUART, FL 34994

2.1 TITLE V/D ☐ Change ☒ Addition
2.2 NAME BARTON, TIMOTHY
2.3 STREET ADDRESS 801 CENTRAL PARKWAY #7
2.4 CITY-ST-ZIP STUART, FL 34994

3.1 TITLE T/D ☒ Change ☐ Addition
3.2 NAME WHALE, TOM
3.3 STREET ADDRESS 802 CENTRAL PARKWAY #11
3.4 CITY-ST-ZIP STUART, FL 34994

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE P/D ☒ Change ☐ Addition
5.2 NAME MALONE, BERNARD
5.3 STREET ADDRESS 803 CENTRAL PARKWAY #1
5.4 CITY-ST-ZIP STUART, FL 34994

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME DECKER, MARY ANN
6.3 STREET ADDRESS 806 CENTRAL PARKWAY #13
6.4 CITY-ST-ZIP STUART, FL 34994

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/99 280-3408

CR2E037 (11/98)