

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758216

1. Entity Name

TOWNE PARK NORTH CONDOMINIUM ASSOCIATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90125 025 ****61.25

Principal Place of Business CONCEPT MGMT SERVICE 7136 SE OSPREY ST HOBE SOUND FL 33455 US	Mailing Address CONCEPT MGMT SERVICE 7136 SE OSPREY ST HOBE SOUND FL 33455-6159 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Concept Mgmt. Service Suite, Apt. #, etc. 400 Toney Penna Drive	3. Mailing Address c/o Concept Mgmt. Service Suite, Apt. #, etc. 400 Toney Penna Drive
City & State Jupiter Florida	City & State Jupiter Florida

4. FEI Number 59-2214978	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip 33458	Country USA	Zip 33458	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORNETT, JANE
C/O WACKEEN, CORNETT & GOOGE, P.A.
401 E OSCEOLA ST
STUART FL 34994

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCOTT, LOIS 806 CENTRAL PKY #10 STUART FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARTON, TIMOTHY 801 CENTRAL PKWY 7 STUART FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHALE, TOM 802 CENTRAL PKWAY #11 STUART FL 34994 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBIN, TOM 806 CENTRAL PKY #11 STUART FL 34994 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALONE, BERNARD 803 CENTRAL PKWAY #01 STUART FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECKER, MARY ANN 806 CENTRAL PKWY 13 STUART FL 34994 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Eva Ramo 805-3 Central Parkway Stuart, Fl. 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joe Gauder 802-12 Central Parkway Stuart, Fl. 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF REGISTERED AGENT **LOIS J. SCOTT** 4/26/00 (561) 546-4926
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #