

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90103 028 ****61.25

W70112

DOCUMENT # 758216

1. Entity Name

TOWNE PARK NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2214978

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **SD** Delete
 NAME: **SCOTT, LOIS**
 STREET ADDRESS: **806 CENTRAL PKY #10**
 CITY-ST-ZIP: **STUART FL 34994**

TITLE: **D** Change Addition
 NAME: **RICHARD BENNETT**
 STREET ADDRESS: **803-2 CENTRAL PKY**
 CITY-ST-ZIP: **STUART, FL 34994**

TITLE: **VD** Delete
 NAME: **ADAMS, DALE**
 STREET ADDRESS: **802 CENTRAL PWY #8**
 CITY-ST-ZIP: **STUART FL 34994**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **TD** Delete
 NAME: **RAMO, EVA**
 STREET ADDRESS: **805 CENTRAL PWY #3**
 CITY-ST-ZIP: **STUART FL 34994**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **D** Delete
 NAME: **GOODMAN, JOE**
 STREET ADDRESS: **804 CENTRAL PWY #1**
 CITY-ST-ZIP: **STUART FL 34994**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **PD** Delete
 NAME: **MALONE, BERNARD**
 STREET ADDRESS: **803 CENTRAL PKWAY #01**
 CITY-ST-ZIP: **STUART FL 34994**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **D** Delete
 NAME: **GAUDER, JOE**
 STREET ADDRESS: **806 CENTRAL PWY #14**
 CITY-ST-ZIP: **STUART FL 34994**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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
SCOTTED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/04/02

778-286-0274

Date

Daytime Phone #

CR2E037 (9/01)