

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90030 008 \*\*\*\*61.25

**DOCUMENT # 758216**

1. Entity Name

TOWNE PARK NORTH CONDOMINIUM ASSOCIATION, INC.



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  
 US

ASSOC. ACCOUNT...  
 APPROVED BY: JG #042739  
 DATE: 1-27-04



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MOORE CR2E037 (11/03)

City & State

City & State

4. FEI Number  
 59-2214978

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	SCOTT, LOIS	
STREET ADDRESS	806 CENTRAL PKY #10	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ADAMS, DALE	
STREET ADDRESS	802 CENTRAL PWY #8	
CITY-ST-ZIP	STUART FL 34994	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAMO, EVA	
STREET ADDRESS	805 CENTRAL PWY #3	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, RICHARD	
STREET ADDRESS	803-2 CENTRAL PKWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MALONE, BERNARD	
STREET ADDRESS	803 CENTRAL PKWAY #01	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	ULMER, ROBERT	
STREET ADDRESS	802 CENTRAL PKWY #3	
CITY-ST-ZIP	STUART FL 34994	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eva M. Ramo
STREET ADDRESS	805-3 S.E. Central Pky
CITY-ST-ZIP	Stuart, Fla. 34994
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Richard A. Bennett*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #