

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90112 030 ****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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2214978	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORNETT, JANE C/O WACKEEN, CORNETT & GOUGE, 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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 NAME SCOTT, LOIS STREET ADDRESS 806 CENTRAL PKY #10 CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> Delete				
TITLE VD NAME ADAMS, DALE STREET ADDRESS 802 CENTRAL PWY #8 CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> Delete				
TITLE TD NAME RAMO, EVA STREET ADDRESS 805 CENTRAL PWY #3 CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> Delete				
TITLE D NAME BENNETT, RICHARD STREET ADDRESS 803-2 CENTRAL PKWY CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> Delete				
TITLE PD NAME MALONE, BERNARD STREET ADDRESS 803 CENTRAL PKWAY #01 CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> Delete				
TITLE D NAME ULMER, ROBERT STREET ADDRESS 802 CENTRAL PKWY #3 CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> Delete				
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: <i>Bernard H. Malone</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <i>22 Mar 05</i> Daytime Phone #: <i>772-521-1174</i>	