


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90032 035 ****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 <i>Primo Mgt of Jupiter</i>		3. Mailing Address <i>400 Tony Lane Drive</i>	
Suite, Apt. #, etc. <i>400 Tony Lane Drive</i>		Suite, Apt. #, etc.	
City & State <i>Jupiter FL</i>		City & State <i>Jupiter FL 33458</i>	
Zip <i>33458</i>	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2214978		Applied For <input type="checkbox"/> Not Applicable	
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 & 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature: typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when restoring) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCOTT, LOIS 806 CENTRAL PKY #10 STUART FL 34994 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER JANINE L. WIEGOLD 803-3 CENTRAL PKWY STUART, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ADAMS, DALE 802 CENTRAL PWY #8 STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY JOHN PAGANO 806-15 CENTRAL PW STUART, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RAMO, EVA 805 CENTRAL PWY #3 STUART FL 34994 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Barbara Chapman 805-10 Central Pkwy Stuart FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENNETT, RICHARD 803-2 CENTRAL PKWY STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ULMER, ROBERT 802 CENTRAL PKWY #3 STUART FL 34994 <input checked="" type="checkbox"/> Delete	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 exemptions contained in Section 119, 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: ** Bernard H. Malone* **BERNARD H. MALONE 7-03-06**

772-286-2848