2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #758216 08 MAR 17 PM 3: 53 TOWNE PARK NORTH CONDOMINIUM ASSOCIATION. INC. ULURETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2074 W. INDIANTOWN RD #200 2074 W. INDIANTOWN RD #200 JUPITER, FL 33458 JUPITER, FL 33458 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08282007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 59-2214978 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORNETT, JANE C/O WACKEEN, CORNETT & GOOGE, P.A. Street Address (P.O. Box Number is Not Acceptable) 401 E OSCEOLA ST STUART, FL 34994 City 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE WIEGOLD, JANINE L NAME NAME 803-3 CENTRAL PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL 34994 CITY-ST-ZIP VD TITLE Delete TITLE Change ☐ Addition ADAMS, DALE NAME 100121256531 03/25/08--01057--020 **61 NAME 802 CENTRAL PWY #8 STREET ADDRESS STREET ADDRESS STUART, FL 34994 CITY - ST - ZIP CITY-ST-ZIP TITLE PAGOND, JOHN to Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 806-15 CENTRAL PKWY STREET ADDRESS CITY-ST-ZIP STUART, FL 34994 CITY-ST-ZIP BENNETT, RICHARD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 803-2 CENTRAL PKWY STREET ADDRESS CITY-ST-ZIP STUART, FL 34994 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition MALONE, BERNARD NAME NAME STREET ADDRESS 803 CENTRAL PKWAY #01 STREET ADDRESS CITY-ST-ZIP STUART, FL 34994 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHAPMAN, BARBARA NAME 813-10 CENTRAL PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL 34994 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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: Daytime Phone # TANNE L

FILED