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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765350 (4)
1. Corporation Name
THE TOWN FOUNDATION, INC.



Principal Place of Business Mailing Address
1205 ARVIDA PKWY FT. LAUDERDALE FL 33327 1205 ARVIDA PKWY FT. LAUDERDALE FL 33327-1700

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1982		3a. Date of Last Report 10/18/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2587708		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MESEROLL, JR., DAVID B 1205 ARVIDA PARKWAY FT. LAUDERDALE FL 33327 <i>Weston</i>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				<i>Weston FL 33327</i>			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASKOW, ROY	1.2 NAME	
STREET ADDRESS	1205 ARVIDA PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33327	1.4 CITY-ST-ZIP	<i>Weston FL 33327</i>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESEROLL, JR., DAVID B	2.2 NAME	<i>Vice Pres</i>
STREET ADDRESS	1205 ARVIDA PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33327 <i>Weston</i>	2.4 CITY-ST-ZIP	<i>Weston FL 33327</i>
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, THOMAS	3.2 NAME	<i>Secy Pres</i>
STREET ADDRESS	1205 ARVIDA PKWY <i>Weston</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33327	3.4 CITY-ST-ZIP	
TITLE	Pres. <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leslie Snavely	4.2 NAME	<i>Pres. D Snavely</i>
STREET ADDRESS	1205 Arvida Pkwy	4.3 STREET ADDRESS	<i>1205 Arvida Pkwy</i>
CITY-ST-ZIP	Weston FL 33327	4.4 CITY-ST-ZIP	<i>Weston FL 33327</i>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<i>All three on BOARD of Directors</i>
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)