

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:14**

DOCUMENT # 769938 (2)
1. Corporation Name
TOWN & COUNTRY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**5604 PGA BLVD
S109
PALM BEACH GARDENS FL 33418
US** **5604 PGA BLVD
S109
PALM BEACH GARDENS FL 33418
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/23/1983** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-2412026** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**RUSSO, JOSEPH
5604 PGA BLVD, SUITE 109
PALM BCH GDNS FL 33418**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUSSO, JOSEPH R.
STREET ADDRESS	5604 PGA BLVD SUITE 109
CITY - ST - ZIP	PALM BCH GDNS FL
TITLE	V
NAME	SABATELLO, CARL
STREET ADDRESS	5604 PGA BLVD SUITE 109
CITY - ST - ZIP	PALM BCH GDNS FL
TITLE	S
NAME	SABATELLO, THEODORE
STREET ADDRESS	5604 PGA BLVD, SUITE 109
CITY - ST - ZIP	PALM BCH GDNS FL
TITLE	D
NAME	DOYLE, FRANK
STREET ADDRESS	3711 MILLAKE CIRCLE
CITY - ST - ZIP	GREENACRES FL
TITLE	D
NAME	BARGA, RANDY
STREET ADDRESS	3683 MILLAKE CIRCLE
CITY - ST - ZIP	GREENACRES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RUSSO, JOSEPH R.
1.3 STREET ADDRESS	5604 PGA BLVD, SUITE 109
1.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SABATELLO, CARL
2.3 STREET ADDRESS	5604 PGA BLVD, SUITE 109
2.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL
3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SABATELLO, THEODORE
3.3 STREET ADDRESS	5604 PGA BLVD., SUITE 109
3.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	"Delete - this person is deceased"
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ **1-13-95** (Date) **(407) 626-7600** (Telephone Number)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carl M. Sabatello, President