

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 31, 1996 08:00 AM
Secretary of State

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

3. Date Incorporated or Qualified 08/23/1983	3a. Date of Last Report 04/12/1995
4. FEI Number 59-2412026	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 5610 PGA Blvd	26. 5610 PGA Blvd
Suite, Apt. #, etc. 22. Ste # 114	Suite, Apt. #, etc. 27. Ste # 114
City & State 23. Palm Beach Gardens, Fl	City & State 28. Palm Beach Gardens, Fl
Zip 24. 33418	Country 25. USA
Zip 29. 33418	Country 30. USA

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	RUSSO, JOSEPH R.	
STREET ADDRESS	5604 PGA BLVD SUITE 109	
CITY - ST - ZIP	PALM BCH GDNS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SABATELLO, CARL	
STREET ADDRESS	5604 PGA BLVD SUITE 109	
CITY - ST - ZIP	PALM BCH GDNS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SABATELLO, THEODORE	
STREET ADDRESS	5604 PGA BLVD, SUITE 109	
CITY - ST - ZIP	PALM BCH GDNS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARGA, RANDY	
STREET ADDRESS	3883 MILLAKE CIRCLE	
CITY - ST - ZIP	GREENACRES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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: _____ **Carl M. Sabatello, President** _____
Date: **1-22-96** Daytime Phone #: **(407) 626-7600**

CR2E037 (12/95)