


7201999-90031-044-\$61.25-\$61.25

AMOUNT DUE ON OR BEFORE 08/15/99: \$61.25 (IF DISBURSED, MINIMUM AMOUNT DUE TO REINSURE: \$246.49)

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 769938</b> 1. Corporation Name <b>TOWN &amp; COUNTRY PROPERTY OWNERS ASSOCIATION, INC.</b>		
Principal Place of Business 204 BRAZILIAN AVENUE SUITE 207 PALM BEACH FL 33480 US	Mailing Address 204 BRAZILIAN AVENUE SUITE 207 PALM BEACH FL 33480 US	

FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 904228-90031-44



3. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/23/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2412026
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  <b>KENNEY, TIMOTHY P.A.</b> 189 BRADLY PLACE PALM BEACH FL 33480	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARULLI, ALFRED	1.2 NAME	<i>Marulli, Alfred</i>
STREET ADDRESS	214 BRAZILIAN AVENUE, SUITE 207	1.3 STREET ADDRESS	<i>239 S. County Rd, St. 200</i>
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	<i>Palm Beach, FL 33480</i>
TITLE	TSD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRANE, CAMERON	2.2 NAME	<i>MURRY, YOLANDA</i>
STREET ADDRESS	214 BRAZILIAN AVENUE	2.3 STREET ADDRESS	<i>239 S. County Rd, St. 200</i>
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP	<i>Palm Beach, FL 33480</i>
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDY BARGA	3.2 NAME	
STREET ADDRESS	3683 MILLAKE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 619.07(3)(b), 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 parent of a trust or trust 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, with either like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

7-7-99 561-832-9785  
Date Daytime Phone #

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