


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90007 049 ****61.25

DOCUMENT # 769938

1. Entity Name
TOWN & COUNTRY PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**239 S. COUNTY RD., STE 200
 PALM BEACH, FL 33480 US**

Mailing Address
**239 S. COUNTY RD., STE 200
 PALM BEACH, FL 33480 US**

14022722



2. Principal Place of Business
3722 MIL-LAKE CIRCE

3. Mailing Address
3722 MIL-LAKE CIRCE

Suite, Apt. #, etc.

05052004 Chg-NP CR2E037 (10/03)

City & State
GREENACRES FL

City & State
GREENACRES FL

Zip
33463 Country
USA

Zip
33463 Country
USA

4. FEI Number
59-2412026

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HERTZ, CLIFFORD I
 ONE NORTH CLEMATIS STREET
 SUITE 500
 WEST PALM BEACH, FL 33401**

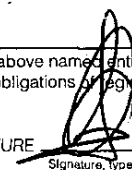
7. Name and Address of New Registered Agent

Name
JUAN PETRIZZO

Street Address (P.O. Box Number is Not Acceptable)
**3722 MIL-LAKE CIRCE
 GREENACRES**

City
FL Zip Code
33463

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, the registered agent.

SIGNATURE  **JUAN PETRIZZO PRESIDENT** DATE **05-21-04**

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

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARULLI, DAVID F 239 S. COUNTY RD., STE 200 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARGER, RANDY 3638 MIL-LAKE CIRCLE GREENACRES, FL 33463	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARULLI, LISA G 239 S. COUNTY RD., STE. 200 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUAN PETRIZZO 3722 MIL-LAKE CIRCE GREEN ACRES FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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 recipient 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  **JUAN PETRIZZO PRESIDENT** DATE **05-21-04** DAYTIME PHONE # **(561) 253-5641**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #