


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90238 008 \*\*\*\*61.25

<b>DOCUMENT # N04000003736</b>					
1. Entity Name TOWNPARK MASTER ASSOCIATION, INC.					
Principal Place of Business 4400 WEST SAMPLE ROAD SUITE 200 COCONUT CREEK, FL 33073-3450			Mailing Address 4400 WEST SAMPLE ROAD SUITE 200 COCONUT CREEK, FL 33073-3450		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MINTO COMMUNITIES INC. % MICHAEL GREENBERG 4400 WEST SAMPLE ROAD, SUITE 200 COCONUT CREEK, FL 33073-3450				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	Zip Code
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 registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '05</b>	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEER, T.R.			NAME	
STREET ADDRESS	4400 WEST SAMPLE ROAD			STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 330733450			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENT, GARY			NAME	
STREET ADDRESS	4400 WEST SAMPLE ROAD			STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 330733450			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, FRANK			NAME	
STREET ADDRESS	4400 WEST SAMPLE ROAD			STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 330733450			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 receiver 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: <u>Frank Rodgers</u>				FRANK RODGERS April 22, 2005 (954) 973-4490	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

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04262005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-2729584 Applied For  Not Applicable

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