

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003736

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** TOWNPARK MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

MMI OF THE PALM BEACHES, INC.  
SUITE 330  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

11270 SW TOWNPARK AVENUE  
PORT ST LUCIE, FL 34987

**Current Mailing Address:**

11270 SW TOWNPARK AVENUE  
PORT ST. LUCIE, FL 34987

**New Mailing Address:**

11270 SW TOWNPARK AVENUE  
PORT ST LUCIE, FL 34987

FEI Number: 20-2729584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MANNING, LAURA M ESQ  
SIEGFRIED, RIVERA, LERNER, DE LA TORRE  
SUITE 500  
WEST PALM BEACH, FL 33073 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CARTER, JOHN  
Address: 4400 W SAMPLE ROAD, STE 200  
City-St-Zip: COCONUT CREEK, FL 33401

Title: DST  
Name: DYKO, MIKE  
Address: 4400 W SAMPLE ROAD, STE 200  
City-St-Zip: COCONUT CREEK, FL 33073

Title: DV  
Name: KROLL, JANET  
Address: 4400 W SAMPLE ROAD, STE 200  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANET KROLL

DV

02/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date