

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90224 038 \*\*\*158.75

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**DOCUMENT # P01000078168**



1. Entity Name  
**TOWN & COUNTRY DEVELOPMENT COMPANY AT HARMONY**

Principal Place of Business  
**7250 S.E. FEDERAL HIGHWAY  
HOBE SOUND FL 33455**

Mailing Address  
**7250 S.E. FEDERAL HIGHWAY  
HOBE SOUND FL 33455**



2. Principal Place of Business  
**8340 SE FAZIO DR.  
HOBE SOUND, FL**

3. Mailing Address  
**8340 SE FAZIO DR.  
HOBE SOUND, FL**

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**HOBE SOUND, FL**

4. FEI Number **65-1131059**

Applied For  
 Not Applicable

Zip **33455** Country **USA**

Zip **33455** Country **USA**

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

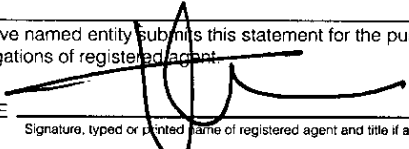
6. Name and Address of Current Registered Agent

**KENNY, THOMAS G III  
7250 S.E. FEDERAL HIGHWAY  
HOBE SOUND FL 33455**

7. Name and Address of New Registered Agent

Name **KENNY, THOMAS G. III**  
Street Address (P.O. Box Number is Not Acceptable)  
**8340 SE FAZIO DR.**  
City **HOBE SOUND** FL Zip Code **33455**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KAIRALLA, ROBERT</b>	
STREET ADDRESS	<b>7250 S.E. FEDERAL HIGHWAY</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>GALUI, GENE</b>	
STREET ADDRESS	<b>8217 STEEPLECHASE DR.</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KENNY, THOMAS G</b>	
STREET ADDRESS	<b>7250 SE FEDERAL HWY.</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D ST</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALUI, GENE</b>	
STREET ADDRESS	<b>8217 STEEPLECHASE DR.</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNY, THOMAS G.</b>	
STREET ADDRESS	<b>8340 SE FAZIO DR</b>	
CITY-ST-ZIP	<b>HOBE SOUND, FL 33455</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 607, 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:  **THOMAS G. III KENNY, PRES.**, 1/31/03 772-220-9717  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (10/02)