

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 29, 2005 8:00 am
Secretary of State

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03172005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000078168					
1. Entity Name TOWN & COUNTRY DEVELOPMENT COMPANY AT HARMONY					
Principal Place of Business 8340 SE PAZIO DR HOBE SOUND, FL 33455			Mailing Address 8340 SE PAZIO DR HOBE SOUND, FL 33455		
2. Principal Place of Business 8340 S.E. Fazio Dr.		3. Mailing Address 8340 S.E. Fazio Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hobe Sound, FL		City & State Hobe Sound, FL		4. FEI Number 65-1131059	
Zip 33455		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent KENNY, THOMAS G III 8340 SE FAZIO DR HOBE SOUND, FL 33455			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST GALUI, GENE <input checked="" type="checkbox"/> Delete 8217 STEEPLECHASE DR. PALM BEACH GARDENS, FL 33418		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KENNY, THOMAS G <input type="checkbox"/> Delete 8345 SE PAZIO DR HOBE SOUND, FL 33455		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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Stephanos, Diane L. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Galui, Judith M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST DiVosta Floyd, Cathy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DiVosta, Guy M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418	
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: <u>Judith M. Galui</u> 3-24-05 561-691-9050 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					