2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758216

Entity Name: TOWNE PARK NORTH CONDOMINIUM ASSOCIATION, INC.

FILED Feb 18, 2021 Secretary of State 8342878305CC

Current Principal Place of Business:

430 SW LAKE WHITNEY PLACE PORT ST LUCIE. FL 34986

Current Mailing Address:

430 SW LAKE WHITNEY PLACE PORT ST LUCIE, FL 34986 US

FEI Number: 59-2214978 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORNETT, JANE BECKER AND POLIAKOFF 759 SW FEDERAL HWY SUITE 213 STUART, FL 34994 US

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

Officer/Director Detail:

Title P Title S

Name LUNDBLAD, LOIS Name FRY, TERENCE

Address 430 SW LAKE WHITNEY PLACE Address 430 SW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986 City-State-Zip: PORT ST LUCIE FL 34986

Title VP Title

Name ADAMS, DALE Name SENKER, RICH

Address 430 SW LAKE WHITNEY PLACE Address 430 SW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986 City-State-Zip: PORT ST LUCIE FL 34986

Title D Title I

Name KRUKOWSKI, MARGO Name WALKER, ELDON

Address 430 SW LAKE WHITNEY PLACE Address 430 SW LAKE WHITNEY PLACE

City-State-Zip: PORT ST LUCIE FL 34986

City-State-Zip: PORT ST LUCIE FL 34986

City-State-Zip: PORT ST LUCIE FL 34986

Title D

Name MCDONALD, DAVE

Address 430 SW LAKE WHITNEY PLACE City-State-Zip: PORT ST LUCIE FL 34986

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: LOIS LUNDBLAD PRESIDEN 02/18/2021

Electronic Signature of Signing Officer/Director Detail

Date