

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003736

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

**Current 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

**FEI Number:** 20-2729584

**Certificate of Status Desired:** No

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

BROUGH, CHADROW & LEVINE P.A.  
GLOBAL COMMERCE PKWY  
1900 N COMMERCE CENTER  
WESTON, FL 33326 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 DP  
Name CARTER, JOHN  
Address 4400 W SAMPLE ROAD, STE 200  
City-State-Zip: COCONUT CREEK FL 33401

Title DST  
Name ASHBY, STEVE  
Address 4400 W SAMPLE ROAD, STE 200  
City-State-Zip: COCONUT CREEK FL 33073

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

Title DIRECTOR  
Name PAGAN, LUIS  
Address 11465 SW FIELDSTONE WAY  
City-State-Zip: PORT ST. LUCIE FL 34987

Title DIRECTOR  
Name CROCE, KYLE  
Address 11186 SW WYNDHAM WAY  
City-State-Zip: PORT ST. LUCIE FL 34987

*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

03/16/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date