

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003736

FILED
May 22, 2020
Secretary of State
5191637321CC

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.
2149 N COMMERCE PKWY
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 PRESIDENT
Name CARTER, JOHN
Address 4400 W SAMPLE ROAD, STE 200
City-State-Zip: COCONUT CREEK FL 33401

Title SECRETARY, TREASURER
Name LEOLANI, GEVERS
Address 4400 W SAMPLE ROAD, STE 200
City-State-Zip: COCONUT CREEK FL 33073

Title DIRECTOR
Name MILMORE, MARY
Address 4400 SAMPLE ROAD
 STE 200
City-State-Zip: COCONUT CREEK FL 33073

Title VP
Name SHUPING, MIKE
Address 4400 SAMPLE ROAD
 STE 200
City-State-Zip: COCONUT CREEK FL 33073

Title DIRECTOR
Name KRBEK, JERRY
Address 4400 SAMPLE ROAD
 STE 200
City-State-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: JOHN CARTER

PRESIDENT

05/22/2020

Electronic Signature of Signing Officer/Director Detail

Date