

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 706397 (7)  
1. Corporation Name  
TOWN COLONY CONDOMINIUM CORPORATION, INC.

RECEIVED  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: C/O BRUCE D. DICKSON, 2916 FUNSTON ST. APT 47, HOLLYWOOD FL 33020  
Mailing Address: C/O BRUCE D. DICKSON, 2916 FUNSTON ST. APT 47, HOLLYWOOD FL 33020

3. Date Incorporated or Qualified: 11/08/1963  
3a. Date of Last Report: 02/10/1995  
4. FEI Number: 59-1708878  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24  
Country: 25  
Country: 29  
Zip: 30

9. Name and Address of Current Registered Agent  
DICKSON, BRUCE D.  
2916 FUNSTON ST. APT 47  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	D'OLONZO, FRANK	
STREET ADDRESS	2918 FUNSTON ST	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PLOCK, GLEN	
STREET ADDRESS	2916 FUNSTON STREET	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CLEMENT, P OLAVAGE	
STREET ADDRESS	2915 PLUNKETT STREET	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DICKSON, BRUCE D.	
STREET ADDRESS	2916 FUNSTON ST.	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	YEATER-VILLA, PAULA	
STREET ADDRESS	2916 FUNSTON ST #45	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANELLO, JUNE	
STREET ADDRESS	2915 PLUNKETT ST.	
CITY - ST - ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GAYLE CLEWIS	
1.3 STREET ADDRESS	2918 FUNSTON ST. #95	
1.4 CITY - ST - ZIP	HOLLYWOOD, FL 33020	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce D. Dickson BRUCE D. DICKSON 1/16/96 920-7265  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)