

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706397 (7)
 1. Corporation Name
TOWN COLONY CONDOMINIUM CORPORATION, INC.



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
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3. Date Incorporated or Qualified 11/08/1963
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4. FEI Number 59-1708878	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	28 Country
25 Country	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent DICKSON, BRUCE D. 2916 FUNSTON ST. APT 47 HOLLYWOOD FL 33020	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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	<input type="checkbox"/> DELETE
NAME	D CLEWIS, GAYLE
STREET ADDRESS	2916 FUNSTON ST
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	<input type="checkbox"/> DELETE
NAME	D PLOCK, GLEN
STREET ADDRESS	2916 FUNSTON STREET
CITY-ST-ZIP	HOLLYWOOD, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	PD DICKSON, BRUCE D.
STREET ADDRESS	2916 FUNSTON ST.
CITY-ST-ZIP	HOLLYWOOD, FL 00000
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D CATTANACH, JAMES
STREET ADDRESS	711 N NORTHLAKE DR
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	D ANELLO, JUNE
STREET ADDRESS	2915 PLUNKETT ST.
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MESSINA, MARIE
STREET ADDRESS	2918 FUNSTON ST #39
CITY-ST-ZIP	FOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D MARY AUERBACH
1.3 STREET ADDRESS	2916 FUNSTON ST.
1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D ROSA LATTREY
2.3 STREET ADDRESS	2916 FUNSTON ST.
2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020
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	

14. 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 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 Date: 2/18/98 954-920-7265

CR2E037 (10/97)