
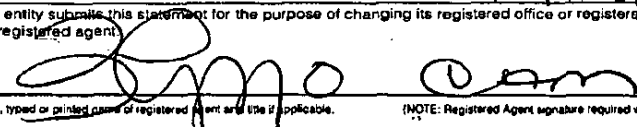
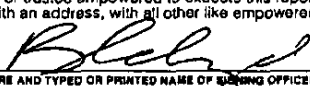


**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90013 040 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

|   |   |  |   |
|---|---|--|---|
| <b>DOCUMENT # 706397</b>  |   |   |   |
| 1. Entity Name<br><b>TOWN COLONY CONDOMINIUM CORPORATION, INC.</b>  |   |  |   |
| Principal Place of Business<br>C/O BRUCE D. DICKSON<br>2916 FUNSTON ST. APT 47<br>HOLLYWOOD, FL 33020   |   | Mailing Address<br>3211 N. 74TH AVENUE<br>SUITE 1<br>HOLLYWOOD, FL 33024   |   |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |
| City & State  |   | City & State   |   |
| Zip   | Country   | Zip  | Country   |
| 4. FEI Number<br><b>59-1708878</b>  |   | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75 Additional Fee Required</b>  |   |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent  |   |
| <del>HORIZON MAINTENANCE<br/>3211 N 74TH AVENUE STE 1<br/>HOLLYWOOD, FL 33024</del>   |   | Name <del>Horizon Maintenance</del><br>Street Address (P.O. Box Number is Not Acceptable) <del>5618 Hollywood Blvd</del><br>City <del>Hollywood</del> FL Zip Code <del>33021</del> |   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |   |  |   |
| SIGNATURE   |   | DATE <u>2/10/2004</u>  |   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |   | DATE   |   |
| Filing Fee is <b>\$61.25</b><br>Due by <b>May 1, 2004</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |
| Make check payable to Florida Department of State.  |   |  |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <del>SD</del><br>CLEWIS, GAYLE<br>2918 FUNSTON ST<br>HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>D<br>Juvencio PEREIRA<br>2917 Plunkett Street #7<br>Hollywood FL 33020 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>LATTEY, ROSA<br>2918 FUNSTON ST., #51<br>HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>D<br>Doray Tyson<br>2917 Plunkett St. #16<br>Hollywood FL 33020                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <del>SD</del> PD<br>GLIDDON, BRENDA<br>2918 FUNSTON ST<br>HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>ANELLO, JUNE<br>2915 PLUNKETT ST.<br>HOLLYWOOD, FL <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>MESSINA, MARIE<br>2918 FUNSTON ST #39<br>HOLLYWOOD, FL <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |   |
| SIGNATURE:   |   | DATE <u>2/10/2004</u>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | DATE Daytime Phone #   |   |

66407650



02102004 Chg-NP CR2E037 (10/03)