


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90194 005 ****61.25

DOCUMENT # 706397					
1. Entity 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 3211 N. 74TH AVENUE SUITE 1 HOLLYWOOD, FL 33024		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1708878	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HORIZON MAINTENANCE 5618 HOLLYWOOD BLVD HOLLYWOOD, FL 33021			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 <u><i>[Signature]</i></u> 2/17/05					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 NAME STREET ADDRESS CITY-ST-ZIP	SD CLEWIS, GAYLE 2918 FUNSTON ST HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN BAER. 2914 FUNSTON ST HOLLYWOOD FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREIRA, JUVENCIO 2917 PLUNKET STREET #17 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP Debra Byrum 2918 Funston St Hollywood, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLIDDON, BRENDA 2918 FUNSTON ST HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIANE JOHNSON 2919 Funston St #46 Hollywood FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANELLO, JUNE 2915 PLUNKETT ST. HOLLYWOOD, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYSON, GARY 2997 PLUNKET ST. #116 HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u><i>D. J. Johnson</i></u> 2/17/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					