

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:17

DOCUMENT # 751734 (5)

1. Corporation Name

THE TOWNSHIP COMMUNITY MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2424 LYONS RD.
COCONUT CREEK FL 33063-0899

2424 LYONS RD.
COCONUT CREEK FL 33066
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/26/1980

3a. Date of Last Report
02/03/1994

4. FEI Number
59-2049839

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COE, DAVID H.
2424 LYONS ROAD
COCONUT CREEK FL 33066

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

David H. Coe
Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DAVID H. COE

1/27/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LEMELBAUM, LARRY
STREET ADDRESS 2424 LYONS RD
CITY-ST-ZIP COCONUT CREEK FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME ELLIS, NORTON
STREET ADDRESS 2424 LYONS RD
CITY-ST-ZIP COCONUT CREEK FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME BUND, HELEN
STREET ADDRESS 2424 LYONS RD
CITY-ST-ZIP COCONUT CREEK FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME FRANK, LEONARD
STREET ADDRESS 2424 LYONS RD.
CITY-ST-ZIP COCONUT CREEK FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ABRAMSKY, NORMAN
STREET ADDRESS 2424 LYONS ROAD
CITY-ST-ZIP COCONUT CREEK FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leonard Frank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARD FRANK

1/27/95

(305) 973-8094
Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 1, 1995

THE TOWNSHIP COMMUNITY MASTER ASSOCIATION, INC.
2424 LYONS RD.
COCONUT CREEK, FL 33066US

SUBJECT: THE TOWNSHIP COMMUNITY MASTER ASSOCIATION, INC.
Ref. Number: 751734

Please be advised, we have received your Annual Report; however, the document has not been filed and is being returned for the following:

Multiple information has been given for Block 4, it should contain only one of the following, a Federal Employer Identification (FEI) number, "APPLIED FOR", or "NOT APPLICABLE". If "APPLIED FOR" is preprinted on the form, an FEI number must be provided at this time.

After the corrections have been made, return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Marsha Thomas
ANNUAL REPORTS Section

Letter number: 295A00004310