

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 SEP 29 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07202005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 765350</b> 1. Entity Name <b>THE TOWN FOUNDATION, INC.</b>					
Principal Place of Business <b>2500 WESTON ROAD SUITE 101 WESTON, FL 33331</b>			Mailing Address <b>2500 WESTON ROAD SUITE 101 WESTON, FL 33331</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BATES, PATRICIA A 2500 WESTON ROAD SUITE 101 WESTON, FL 33331</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FLINT, JOHN R 2500 WESTON ROAD, SUITE 101 WESTON, FL 33331</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHEREN, SHARON 2500 WESTON ROAD, SUITE 101 WESTON, FL 33331</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WINKLEJOHN, PAUL 2500 WESTON ROAD, SUITE 101 WESTON, FL 33331</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HENRIKSSON, MERCEDES 2500 WESTON ROAD, SUITE 101 WESTON, FL 33331</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BATES, PATRICIA A 2500 WESTON ROAD, SUITE 101 WESTON, FL 33331</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>600060714056</b>  <b>10/18/05-01043--011 **\$61.25</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD HERSH, ERIC 2500 WESTON ROAD, SUITE 101 WESTON, FL 33331</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHERMAK, MURRAY 2500 WESTON ROAD, SUITE 101 WESTON, FL 33331</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STERMER, DANIEL 2500 WESTON ROAD, SUITE 101 WESTON, FL 33331</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b> <b>JOHN R FLINT, PRESIDENT 09.20.2005 994.389.2000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					