

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

001375

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90188 050 ***150.00

DOCUMENT # F98000002899

1. Corporation Name

TOWN PARK HOTEL CORPORATION

Principal Place of Business

THREE RAVINIA DRIVE SUITE 2900
ATLANTA GA 30346

Mailing Address

THREE RAVINIA DRIVE SUITE 2900
ATLANTA GA 30346

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1998

4. FEI Number

62-0616701

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARASI, THOMAS	
STREET ADDRESS	THREE RAVINIA DRIVE SUITE 2900	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BLANKENSHIP, TERESA	
STREET ADDRESS	THREE RAVINIA DRIVE SUITE 2900	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRETTSCHNEIDER, THOMAS H	
STREET ADDRESS	THREE RAVINIA DRIVE SUITE 2900	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CHITTY, ROBERT J	
STREET ADDRESS	THREE RAVINIA DRIVE SUITE 2900	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CORR, MICHAEL	
STREET ADDRESS	THREE RAVINIA DRIVE SUITE 2900	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GOODSON, MICHAEL L	
STREET ADDRESS	THREE RAVINIA DRIVE SUITE 2900	
CITY-ST-ZIP	ATLANTA GA 30346	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAEL CORR
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ANDREW MACFARLANE
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VS JAMES L. KACENA
6.3 STREET ADDRESS	THREE RAVINIA DRIVE, SUITE 2900
6.4 CITY-ST-ZIP	ATLANTA, GA 30346-2149

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Teresa Blankenship
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99
Date

(770) 604-2000
Daytime Phone #

CR2E034 (11/98)