

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90026 016 \*\*\*\*70.00

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MOORE CR2E037 (11/03)

<b>DOCUMENT # N03000005536</b>					
1. Entity Name TOWN PARK PLAZA NORTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1945 N.W. 5TH PLACE MIAMI FL 33136		Mailing Address 1945 N.W. 5TH PLACE MIAMI FL 33136			
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 43-2026121	Applied For Not Applicable
6. Name and Address of Current Registered Agent RITTER, JOHN A ESO. 555 NE 15TH STREET SUITE #100 MIAMI FL 33132			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
7. Name and Address of New Registered Agent Name <u>Presipio Realty, INC</u> Street Address (P.O. Box Number is Not Acceptable) <u>6801 Diana Ct</u> City <u>TAMPA</u> FL Zip Code <u>33610</u>					
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>[Signature]</u> <u>Steve Roberto</u> DATE <u>2/10/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW. FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STARKS, WILLIE		NAME		
STREET ADDRESS	6761 ROYAL MELBOURNE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33015		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, GEORGIA		NAME		
STREET ADDRESS	731 NW 10TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33136		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, SHERRAINE		NAME		
STREET ADDRESS	1904 NW 5TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33136		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, ELMIRA		NAME		
STREET ADDRESS	1958 NW 4TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33136		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCRAY, DOROTHY		NAME		
STREET ADDRESS	1970 NW 5TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33136		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 my address, with all other like empowered.					
SIGNATURE: <u>Willie Starks</u> <u>Willie Starks</u>			Date <u>2/10/04</u> Daytime Phone # <u>305-218-0533</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		