
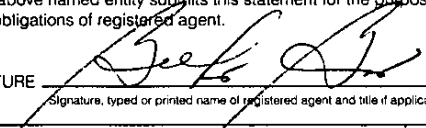
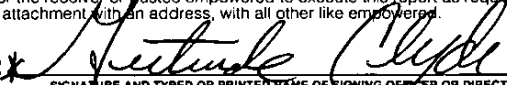


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90099 010 ****61.25

DOCUMENT # N03000005536			
1. Entity Name TOWN PARK PLAZA NORTH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1945 N.W. 5TH PLACE MIAMI, FL 33136		Mailing Address 19501 NE 10TH AVENUE 300 MIAMI, FL 33179	
2. Principal Place of Business 1945 NW 5 th Pl.		3. Mailing Address 7655 NW 50 th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
4. FEI Number 43-2026121		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04142006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent MJB MANAGEMENT SERVICES, INC 19501 NE 10TH AVENUE 300 MIAMI, FL 33179		7. Name and Address of New Registered Agent Name: Unlimited Property Management Street Address (P.O. Box Number is Not Acceptable): 7655 NW 50 th St City: Miami FL Zip Code: 33166	
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: 		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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: PD NAME: CLYDE, GERTRUDE STREET ADDRESS: 1990 NW 4TH COURT, UNIT #295 CITY-ST-ZIP: MIAMI, FL 33136	<input type="checkbox"/> Delete	TITLE: VPD NAME: Rev. Willie Starks STREET ADDRESS: 6761 Royal Melbourne Dr. CITY-ST-ZIP: Miami, FL 33015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: RUFFIN, EDWARD STREET ADDRESS: 1977 NW 5TH PLACE #408 CITY-ST-ZIP: MIAMI, FL 33136	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: Dorothy McCray STREET ADDRESS: 1970 NW 5th Pl. CITY-ST-ZIP: Miami, FL 33136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: SAMPSON, CHRISTINE STREET ADDRESS: 1940 NW 4TH COURT #337 CITY-ST-ZIP: MIAMI, FL 33136	<input checked="" type="checkbox"/> Delete	TITLE: ASD NAME: Edward Ruffin STREET ADDRESS: 1977 NW 5th Pl. CITY-ST-ZIP: Miami, FL 33136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: MORA, LEONEL STREET ADDRESS: 1999 NW 5TH PLACE #422 CITY-ST-ZIP: MIAMI, FL 33136	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: ANNIE Gummren-Sweeting STREET ADDRESS: 1955 N.W. 5th Pl #12 CITY-ST-ZIP: Miami, FL 33136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DD NAME: MC CLARY, PAUL STREET ADDRESS: 1915 NW 5TH PL #392 CITY-ST-ZIP: MIAMI, FL 33136	<input checked="" 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:	<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 exemptions contained in Chapter 119, 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: 		Date: 4-18-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	