


**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90032 009 \*\*\*\*70.00

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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 7655 N.W. 50TH ST MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>1945 NW 5th PLACE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>MIAMI FL</i>	
Zip	Country	Zip	Country
<i>33136</i>		<i>33136</i>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
UNLIMITED PROPERTY MANAGEMENT 7655 N.W. 50TH ST MIAMI, FL 33166		Name <i>PRESIDIO REALTY, INC.</i> Street Address (P.O. Box Number is Not Acceptable) <i>2909 W. BAY TO BAY BLVD. SUITE 202</i> City <i>TAMPA FL</i> Zip Code <i>33629</i>	
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: <i>J.R. Wear</i>		SIGNATURE: <i>J.R. Wear</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE: <i>5/14/07</i>		DATE: <i>5/14/07</i>	
Filing Fee is \$61.25 Due by September 14, 2007		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	AS	TITLE	AS
NAME	CLYDE, GERTRUDE	NAME	STEWART, THERESA
STREET ADDRESS	1990 NW 4TH COURT, UNIT #295	STREET ADDRESS	<i>1955 NW 5th PLACE #6</i>
CITY-ST-ZIP	MIAMI, FL 33136	CITY-ST-ZIP	<i>MIAMI FL 33136</i>
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	TITLE	T
NAME	MCCRAY, DOROTHY	NAME	THOMAS, BARBARA
STREET ADDRESS	1970 N.W. 5TH PLACE	STREET ADDRESS	<i>1955 NW 5th PLACE #13</i>
CITY-ST-ZIP	MIAMI, FL 33136	CITY-ST-ZIP	<i>MIAMI FL 33136</i>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	TITLE	V
NAME	RUFFIN, EDWARD	NAME	GUMREN-SWEETING, ANNIE
STREET ADDRESS	1977 N.W. 5TH PLACE	STREET ADDRESS	<i>1955 NW 5th PLACE #12</i>
CITY-ST-ZIP	MIAMI, FL 33136	CITY-ST-ZIP	<i>MIAMI FL 33136</i>
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	TITLE	
NAME	GUMEN-SWEETING, ANNIE	NAME	
STREET ADDRESS	1955 N.W. 5TH PLACE #12	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33136	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P	TITLE	
NAME	STARKS, WILLIE REV	NAME	
STREET ADDRESS	6761 ROYAL MELBOURNE DR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33015	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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: <i>Willie Starks/Willie STARKS</i>		SIGNATURE: <i>Willie STARKS</i>	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date: <i>5/9/07</i>		Date: <i>5/9/07</i>	
Daytime Phone #		Daytime Phone # <i>(305) 573-0874</i>	

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05092007 Chg-NP CR2E037 (12/06)

4. FEI Number 43-2026121 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required