

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

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90020 044 ****61.25

DOCUMENT# N03000008834

1. Entity Name

TOWN CENTER GREEN MARKET ASSOCIATION, INC.



Principal Place of Business

**2401 HYDRANGEA ST
ST AUGUSTINE FL 32080**

Mailing Address

**2401 HYDRANGEA ST
ST AUGUSTINE FL 32080**

2. Principal Place of Business

500 Atlantic Blvd.

Suite, Apt. #, etc.

Neptune Beach

City & State

Florida

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

32266

Country

U.S.

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**BURR, KAREN K ESQ.
386 SIXTH ST
ATLANTIC BCH FL 32233**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **SMITH, DAVID**
STREET ADDRESS **2401 HYDRANGEA ST**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **ACD** ☐ Delete
NAME **DURAN, CHUCK**
STREET ADDRESS **436 LORA ST**
CITY-ST-ZIP **NEPTUNE BCH FL 32266**

TITLE **DT** ☐ Delete
NAME **HOPKINS, SANDY**
STREET ADDRESS **51 SEMINOLE REACH DR**
CITY-ST-ZIP **ATLANTIC BCH FL 32233**

TITLE **DS** ☐ Delete
NAME **RODGERS, SANDY**
STREET ADDRESS **2401 HYDRANGEA ST**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE: **David Smith**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/04 (904) 471-1584
Date Daytime Phone #