FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

(0)

	TOWNE	CENTER	MERCHANTIS	ASSOCIATION.	INC.
MANGU	IOMAIAE	CENTER	MEDUDANIO	MOOUDIN HOW	

P. O. BOX 2162 MARCO ISLAND	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

P. O. BOX 2162 MARQO ISLAND FL 34146-2162

FILED Feb 13 1997 8:00am Secretary of State



Not Applicable

\$8.75 Additional

Fee Required

or Qualified

5. Certificate of Status Desired

City & Stat	0		<u> </u>	& State				6. Election Campaign Financing \$5.00 May Be			
23		r	28					Trust Fund Contribution Added to Fees			
Ziρ ──¬		Country	Zip		 -	Country		8. This corporation has liability for intangible tax under s. 199.032,			
24 25 29 30 30 9. Name and Address of Current Registered Agent					[30]	Florida Statutes Yes No 10, Name and Address of New Registered Agent					
	B. Maille	and Address of Com	atit Ledistole	a vaeur		B11	Name				
nranv	DAT				i						
BERRY,		N.E.				82	Street	Street Address (P.O. Box Number is Not Acceptable)			
551 ELCKAN CIRCLE MARCO FL 33937					B3						
MARCU	7 FL 33937										
						84	City	FL 85 Zip Code			
11. Pursuant	to the provis	sions of Sections 617.0	502 and 617.1	508, Florida Statuti	es, the a	bove	-named	d 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 617.0503, Florida Statutes.											
SIGNATURE											
	Signature, typeo	or printed name of registered i				d Agei	nt signature	re required when reinstalling) DATE			
12.	PD	OFFICERS A	ND DIRECTO	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	, -	EONARD		DUCETE				C. Change C. Automon (
NAME		COLLIER BLVD			1.2 N		annaran				
STREET ADDRESS) ISLAND FL					ADDRESS !				
CITY-ST-ZIP TITLE	D	J IOCAND I L	***************************************	DELETE	211	TLE	1-212	Change Addition			
NAME	_	ETT, TOM		C Decere	2.1 N			C ounds C wouldn			
STREET ADDRESS		VITURA REST COLLI	FR RLVD	•	4		ADORESS	#			
CITY-ST-ZIP) ISLAND FL	211 0212				T+ZIP	· ·			
TITLE	T		***************************************	DELETE	3.1 TI		1.4.	Change Addition			
NAME	BRAND	EN, WARD			32 N	AME					
STREET ADDRESS		DRAGON COLLIER	BOVD		3.3 \$	TREET	address 1				
CITY-ST-ZIP	MARCO) ISLAND FL			3.4. 0	HTY-S	T-ZIP				
TITLE				DELETE	4.1 T	TLE		Change Addition			
NAME					4.2 N	IAME					
STREET ADDRESS	}				4.3 S	TREET	address	,			
CITY - ST - ZIP					4.4 C	TY-S	r-ZIP				
TITLE				DELETE	5.1 T	TLE		Change Addition			
NAME					5.2 N	AME					
STREET ADDRESS					5.3 S	TREET	address				
CITY-ST-ZIP	ļ. <u></u>				5.4 C	ITY-S	T-ZIP				
TATLE				☐ DELETE	6.1 T	TLE		Change Addition			
NAME	ļ				6.2 N	AME					
STREET ADDRESS					6.3 S	TREET	address				
CHTY-ST-ZIP			:			ITY-S					
14. I do hereby certify that the information adplied 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 proportion of period 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 processor or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.											