

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N30495 (8)

1. Corporation Name

TOWN & COUNTRY CENTER MERCHANTS ASSOCIATION, INC



Principal Place of Business

Mailing Address

C/O CHARLES M. HOOD, III  
8505 MILLS DR. TOWN & COUNTRY MNGT. OFFICE  
MIAMI FL 33183

C/O CHARLES M. HOOD, III  
8505 MILLS DR. TOWN & COUNTRY MNGT. OFFICE  
MIAMI FL 33183

3. Date Incorporated or Qualified  
02/03/1989

3a. Date of Last Report  
05/31/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o CHARLES P. CRERAND  
Suite, Apt #, etc.

26 c/o CHARLES P. CRERAND  
Suite, Apt #, etc.

4. FEI Number  
65-0112741

Applied For  
Not Applicable

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

25

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOD, CHARLES M., III  
C/O TOWN & COUNTRY CENTER MGMT OFFICE  
8505 MILLS DRIVE  
MIAMI FL 33183

81 Name  
CRERAND, CHARLES P.  
82 Street Address (P.O. Box Number is Not Acceptable)  
c/o TOWN & COUNTRY CENTER MANAGEMENT OFFICE  
8505 MILLS DRIVE  
83 City  
MIAMI, FL 85 Zip Code  
33183

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D POPE, ANN E ☐ DELETE  
NAME  
STREET ADDRESS % 8505 MILLS DRIVE  
CITY-ST-ZIP MIAMI FL

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D CRERAND, CHARELS P ☐ DELETE  
NAME  
STREET ADDRESS 8505 MILLS DR  
CITY-ST-ZIP MIAMI FL

21 TITLE ☒ Change ☐ Addition  
22 NAME CRERAND, CHARLES P.  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE D LEBOWITZ, BARRY ☒ DELETE  
NAME  
STREET ADDRESS C/O 8505 MILLS DR  
CITY-ST-ZIP MIAMI FL

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/96

(305) 274-7982

CR2E037 (12/95)