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Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30495 (8)  
1. Corporation Name  
TOWN & COUNTRY CENTER MERCHANTS ASSOCIATION, INC



Principal Place of Business % CHARLES P CRERAND 8505 MILLS DR. TOWN&COUNTRY MNGT.OFFICE MIAMI FL 33183 US	Mailing Address % CHARLES P CRERAND 8505 MILLS DR. TOWN&COUNTRY MNGT.OFFICE MIAMI FL 33183 US
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3. Date Incorporated or Qualified 02/03/1989	4. FEI Number 65-0112741	Applied For Not Applicable
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2. Principal Place of Business 21 TOWN & COUNTRY CENTER Suite, Apt. #, etc. 22 8505 MILLS DR STE M-211 City & State 23 MIAMI, FL 33183 Zip 24 33183	2a. Mailing Address 26 TOWN & COUNTRY CENTER Suite, Apt. #, etc. 27 8505 MILLS DR STE M-211 City & State 28 MIAMI, FL 33183 Zip 29 33183 Country 25 USA 30 USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOD, CHARLES M  
% TOWN & COUNTRY CENTER MANAGEMENT OFFICE  
8505 MILLS DRIVE  
MIAMI FL 33183

81 Name HOOD, CHARLES M.	82 Street Address (P.O. Box Number is Not Acceptable) C/O TOWN & COUNTRY CENTER MANAGEMENT OFFICE	83 8505 MILLS DR STE M-211	84 City MIAMI	85 Zip Code FL 33183
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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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPE, ANN E % 8505 MILLS DRIVE MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOD, CHARLES M 8505 MILLS DR MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YANKIE, VALERIE C/O 8505 MILLS DR MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D POPE, ANN E. 8505 MILLS DR MIAMI, FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D HOOD, CHARLES M. 8505 MILLS DR MIAMI, FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D ANDREU-VILA, ROSA 8505 MILLS DR MIAMI, FL 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D HAMMON, BONNIE 8505 MILLS DR MIAMI, FL 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D DIAZ, SANTIAGO 8505 MILLS DR MIAMI, FL 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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:

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CR2E037 (10/97)