


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90107 041 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N30495					
1. Corporation Name TOWN & COUNTRY CENTER MERCHANTS ASSOCIATION, INC					
Principal Place of Business TOWN & COUNTRY CENTER 8505 MILLS DR. SUITE M-211 MIAMI FL 33183 US			Mailing Address TOWN & COUNTRY CENTER 8505 MILLS DR. SUITE M-211 MIAMI FL 33183 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/03/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0112741	
24 Country		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOOD, CHARLES M C/O TOWN & COUNTRY MANAGEMENT OFFICE 8505 MILLS DR, SUITE M-211 MIAMI FL 33183				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POPE, ANN E			1.2 NAME	Cesar-Curi		
STREET ADDRESS	8505 MILLS DR			1.3 STREET ADDRESS	8505 Mills Drive		
CITY-ST-ZIP	MIAMI FL 33183			1.4 CITY-ST-ZIP	Miami, Florida 33183		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOOD, CHARLES M			2.2 NAME	Hood, Charles M.		
STREET ADDRESS	8505 MILLS DR			2.3 STREET ADDRESS	8505 Mills Drive		
CITY-ST-ZIP	MIAMI FL 33183			2.4 CITY-ST-ZIP	Miami, Florida 33183		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDREU-VILA, ROSA			3.2 NAME	Pablo Buelvas		
STREET ADDRESS	8505 MILLS DR			3.3 STREET ADDRESS	8505 Mills Drive		
CITY-ST-ZIP	MIAMI FL 33183			3.4 CITY-ST-ZIP	Miami, Florida 33183		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMMON, BONNIE			4.2 NAME	Bonnie Hammon		
STREET ADDRESS	8505 MILLS DR			4.3 STREET ADDRESS	8505 Mills Drive		
CITY-ST-ZIP	MIAMI FL 33183			4.4 CITY-ST-ZIP	Miami, Florida 33183		
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIAZ, SANTIAGO			5.2 NAME	Diaz, Santiago		
STREET ADDRESS	8505 MILLS DR			5.3 STREET ADDRESS	8505 Mills Drive		
CITY-ST-ZIP	MIAMI FL 33183			5.4 CITY-ST-ZIP	Miami, Florida 33183		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	Tommaso Penza		
STREET ADDRESS				6.3 STREET ADDRESS	8505 Mills Drive		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Miami, Florida 33183		

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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED M. Hood 4/20/99 (305)274-7982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)