



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90028 023 \*\*\*\*61.25

<b>DOCUMENT # N94000004522</b>					
<b>1. Entity Name</b> TOWN CENTER PROFESSIONAL ASSOCIATION, INC.					
<b>Principal Place of Business</b> 12233 SW 55TH ST STE 811 COOPER CITY, FL 33330 US			<b>Mailing Address</b> 12233 SW 55TH ST STE 811 COOPER CITY, FL 33330 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 1495 NORTH PARK DRIVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1495 NORTH PARK DRIVE Suite, Apt. #, etc.			
<b>City &amp; State</b> WESTON, FLORIDA Zip 33326 Country BROWARD		<b>City &amp; State</b> WESTON, FLORIDA Zip 33326 Country BROWARD		02112008 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> 65-0524205				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> POFFENBARGER, MARK C/O CENTURY MANAGEMENT SERVICES, INC. 12233 SW 55TH ST STE 811 COOPER CITY, FL 33330			<b>7. Name and Address of New Registered Agent</b> Name SAME Street Address (P.O. Box Number is Not Acceptable) 1495 NORTH PARK DRIVE City WESTON FL Zip Code 33326		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to: Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV FRIEDEL, LEE 1605 TOWN CENTER BLVD., STE. B WESTON, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MARCHELLO, JOHN 1600 TOWN CENTER BLVD., STE. A WESTON, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> _____ <span style="float: right;">2/12/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					