

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90116 042 \*\*\*\*61.25

**DOCUMENT # N94000005197**

1. Entity Name

**TOWNE FAMILY FOUNDATION, INC.**



Principal Place of Business

**3900 OAKS CLUBHOUSE DRIVE  
BLDG. 76, APARTMENT 207  
POMPANO BEACH FL 33069**

Mailing Address

**3900 OAKS CLUBHOUSE DRIVE  
BLDG. 76, APARTMENT 207  
POMPANO BEACH FL 33069**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0530930**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TOWNE, A C JR  
3900 OAKS CLUBHOUSE DRIVE  
BLDG. 76, APARTMENT 207  
POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name **Madelin Towne Palmieri**

Street Address (P.O. Box Number is Not Acceptable)  
**3900 Oaks Clubhouse Dr.**

**Bldg. 76 apt. 207**

City **Pompano Beach**

**FL**

Zip Code  
**33069**

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.

SIGNATURE **Madelin T. Palmieri** **Madelin T. Palmieri pres/director 4-8-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	Delete
NAME	TOWNE, JR. A	
STREET ADDRESS	3900 OAKS CLUBHOUSE DR BLD 76 #207	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	STD	Delete
NAME	TOWNE, MARYLAND J.	
STREET ADDRESS	3900 OAKS CLUBHOUSE DR BLD 76 #207	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	Delete
NAME	PALMIERI, MADELIN T.	
STREET ADDRESS	639 TEAK CT	
CITY-ST-ZIP	WALNUT CREEK CA	
TITLE	D	Delete
NAME	PALMIERI, LAURENCE	
STREET ADDRESS	639 TEAK CT	
CITY-ST-ZIP	WALNUT CREEK CA	
TITLE	D	Delete
NAME	PALMIERI, KATHRYN	
STREET ADDRESS	639 TEAK CT	
CITY-ST-ZIP	WALNUT CREEK CA	
TITLE	D	Delete
NAME	PALMIERI, STEPHANIE	
STREET ADDRESS	639 TEAK COURT	
CITY-ST-ZIP	WALNUT CREEK CA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	Change	Addition
NAME	Palmieri, Madelin T.		
STREET ADDRESS	3900 Oaks Clubhouse Dr. #207		
CITY-ST-ZIP	Pompano Beach, FL 33069		
TITLE	D	Change	Addition
NAME	Towne, Maryland J.		
STREET ADDRESS	3900 Oaks Clubhouse Dr. #207		
CITY-ST-ZIP	Pompano Beach, FL 33069		
TITLE	TD	Change	Addition
NAME	Palmieri, Kathryn J.		
STREET ADDRESS	801 D Street #26		
CITY-ST-ZIP	DAVIS, CA. 95616		
TITLE	SD	Change	Addition
NAME	Palmieri, Stephanie A.		
STREET ADDRESS	349 Poplar Ave. #1		
CITY-ST-ZIP	Redwood City, CA 94061		
TITLE		Change	Addition
NAME	Palmieri, Laurence J.		
STREET ADDRESS	3900 Oaks Clubhouse Dr. #207		
CITY-ST-ZIP	Pompano Beach, FL 33069		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 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.

SIGNATURE: **Madelin T. Palmieri** **Madelin T. Palmieri** **4-8-03** **954-972-8735**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)