

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000004195 (2)

1. Corporation Name

TOWN CENTER MAINTENANCE ASSOCIATION, INC.



Principal Place of Business

1200 WESTON ROAD  
FT. LAUDERDALE FL 33326

Mailing Address

1200 WESTON ROAD  
FT. LAUDERDALE FL 33326

3. Date Incorporated or Qualified  
09/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1205 Arvida Pkwy

26 1205 ARVIDA Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 Ft. Lauderdale FL

27 City & State  
28 Ft. Lauderdale FL

Zip

Country

Zip

Country

24 33327

25 Broward

29 33327

30 Broward

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

MESEROLL, DAVID B JR.  
1200 WESTON ROAD  
FT. LAUDERDALE FL 33326

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1205 ARVIDA Pkwy

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33327

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 David B. Meseroll, Jr.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent's signature required when reinstating)

6/10/96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  
NAME MESEROLL, DAVID B JR.  
STREET ADDRESS 1200 WESTON ROAD  
CITY-ST-ZIP FT. LAUDERDALE FL 33326

TITLE VD  
NAME TROISI, CLAUDIA  
STREET ADDRESS 1200 WESTON ROAD  
CITY-ST-ZIP FT. LAUDERDALE FL 33326

TITLE STD  
NAME SIEGAL, TOM  
STREET ADDRESS 1200 WESTON ROAD  
CITY-ST-ZIP FT. LAUDERDALE FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

1205 ARVIDA Pkwy  
Ft. Lauderdale FL 33327

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 in an attachment with an address.

SIGNATURE: David B. Meseroll, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 954 3498825

Date

Daytime Phone #

CR2E037 (3/96)