

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000069762

1. Entity Name

TOWN & COUNTRY DEVELOPERS OF FLORIDA, INC.



Principal Place of Business

2 NORTH TAMiami TRAIL  
SUITE 410  
SARASOTA, FL 34236

Mailing Address

2 NORTH TAMiami TRAIL  
SUITE 410  
SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number

30-0094693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PFLUGNER, J. GEOFFREY  
2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
BOVINO, JAMES J  
300 TICE BOULEVARD  
WOODCLIFF LAKE, NJ 07677

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
POCSI, CHARLES E  
300 TICE BOULEVARD  
WOODCLIFF LAKE, NJ 07677

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVP  
FURST, WILLIAM  
2 NORTH TAMiami TRAIL, SUITE 410  
SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MARROCCO, HENRY  
300 TICE BOULEVARD  
WOODCLIFF LAKE, NJ 07677

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
REIDEL, KARL  
300 TICE BOULEVARD  
WOODCLIFF LAKE, NJ 07677

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
APPEL, STEVE  
2 NORTH TAMiami TRAIL, SUITE 410  
SARASOTA, FL 34236

U00000485721  
04/13/06-80006-013 150.00

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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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*William Furst Svp* 3/24/06 941-555-1177