# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # P02000069762

1. Entity Name

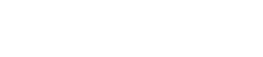
Principal Place of Business

TOWN & COUNTRY DEVELOPERS OF FLORIDA, INC.



Mailing Address

2 NORTH TAMIAMI TRAIL
SUITE 410
SARASOTA, FL 34236
2 NORTH TAMIAMI TRAIL
SUITE 410
SARASOTA, FL 34236
3 SARASOTA, FL 34236



**FILED** 

Mar 30, 2006 08:00 AM

**Secretary of State** 



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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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<ol><li>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.</li></ol>					
SIGNATURE Signature, typod or printed name of registered agent and title	if applicable	(NOTE Registered Agent signs	ture required when reinstating)	STAG	_
	8 Electic	on Compaign Eigeneing	<b>\$</b> E.00		

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

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	CEO
NAME	BOVINO, JAMES J
STREET ADDRESS	300 TICE BOULEVARD
City-St-Zip	WOODCLIFF LAKE, NJ 07677
TITLE	P
NAME	POCSI, CHARLES E
STREET ADDRESS	300 TICE BOULEVARD
CITY-ST-ZIP	WOODCLIFF LAKE, NJ 07677
TITLE	SVP
NAME	FURST, WILLIAM
STREET ADDRESS	2 NORTH TAMIAMI TRAIL, SUITE 410
CITY-ST-ZIP	SARASOTA, FL 34236 -
TIFLE	VP
NAME	MARROCCO, HENRY
STREET ADDRESS	300 TICE BOULEVARD
CITY-ST-21P	WOODCLIFF LAKE, NJ 07677
DILE	s
NAME	REIDEL, KARL
STREET ADDRESS	300 TICE BOULEVARD
CITY-ST-ZIP	WOODCLIFF LAKE, NJ 07677
TITLE	AS
NAME	APPEL, STEVE
STREET ADDRESS	2 NORTH TAMIAMI TRAIL, SUITE 410
CITY-ST-ZIP	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 filling 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 it 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 TYPEU OF PRINTED NAME OF SIGNING OFFICER O

Illian Fuzir Sup

24/06 541.555.81