2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000068231



FILED Mar 02, 2006 8:00 am Secretary of State 03-02-2006 90010 021 ***150.00

TITLE NAME ZILBER, JOSEPH J ZILBER, JOSEPH J ZILBER, JOSEPH J ZIONORTH PLANKINTON AVENUE, #1200 MILWAUKEE, WI 53203 TITLE P WIGCHERS, ARTHUR W JR WIGCHERS, ARTHUR W JR WILWAUKEE, WI 53203 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS SI	1. Entity Nam TOWNE [PMENT OF INDIA	N SHORES, INC.							
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. D2612006 Chg.P CR2E034 (11/05)	710 NORTH SUITE #120	PLANKINTO 0		710 NORTH PLANKIN SUITE #1200		NUE .			TI BBIES B3181 (84)		(4 10) (1 1 21)
City & State County Zip County Zip County Sip County Sip County Sip County Sip County Sip County Sip Size	2. Principal P	face of Busin	ness	3. Mailing Address							
September Sept	Suite, Apt.	#, etc.		Suite, Apt. #, etc.		· ·	02012006	Chg-P	CR2E03	14 (11/05)	
S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent The Object of P.C. Box Number is Not Acceptable) The Object of P.C. Box Number is Not Acceptable The Object of P.C. Box Number is Not Acceptable The Object of P.C. Box Number is Not Acceptable The Object of P.C. Box Number is Not Acceptable The Object of P.C. Box Number is Not Acceptable The Object of P.C. Box Number is Not Acceptable The Object of P.C. Box Number is Not Acceptable The Object of P.C. Box Number is Not Acceptable The Object of P.C. Box Number is Not Acceptable The Name address of P.C. Box Number is Not Acceptable The Name address of P.C. Box Number is Not Acceptable The Name address of P.C. Box Number is Not Acceptable The Name address of P.C. Box Number is Not Acceptable The Name address of P.C. Box Number is Not Acceptable The Name address of P.C. Box Number is Not Acceptable The Na	City & Stat	e		City & State							•
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNAT	Zip		Country	Zip	Cour	ntry	5. Certificate	of Status Desired		8.75 Add	litional
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Type True True or implicated agent and the 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 True True True True True True True T		6. Name	and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	C T CODD	ODATION	LEVETEM			Name					
8. The above named entity authrits 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. Comparison of 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. Comparison of 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.	1200 SOU	TH PINE	ISLAND ROAD			Street Address	s (P.O. Box Numb	er is Not Acceptable	a)		
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. Tam familiar with, and accept the obligations of registered agent. FILE NOWIII FEE IS \$150.00						City		-	FL	Zip Cod	e
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D	the obligat	ions of regist	tered agent.	and title if applicable. (NO	PTE: Registere	id Agent signature requi		III, IN THE STATE OF FIC		umiliar with,	and accept
ITILE NAME ZILBER, JOSEPH J						T					
NAME ZILBER, JOSEPH J TONORTH PLANKINTON AVENUE, #1200 CITY-ST-2P NAME STREET ADDRESS CITY-ST-2P NAME	10.		OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE WIGCHERS, ARTHUR W JR SIRRET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-	NAME STREET ADDRESS	ZILBER, 710 NOR	TH PLANKINTON AVE		NAM STRE	EET ADORESS	SEE ATTACHE	D LIST FOR AD			
NAME STEIN, GERALD M 710 N PLANKINTON AVE, #1200 SIREET ADDRESS CITY-ST-ZIP TITLE SRV JANZ, JAMES F SIREET ADDRESS CITY-ST-ZIP MILWAUKEE, WI 53203 CITY-ST-ZIP MILWAUKEE, WI 53203 CITY-ST-ZIP TITLE V/S NAME YOUNG, JAMES B SIREET ADDRESS CITY-ST-ZIP TITLE V/S SIREET ADDRESS CITY-ST-ZIP MILWAUKEE, WI 53203 CITY-ST-ZIP TITLE V/S SIREET ADDRESS CITY-ST-ZIP TITLE V/S SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE V/S SIREET ADDRESS CITY-ST-ZIP TITLE V/S SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP MILWAUKEE, WI 53203 CITY-ST-ZIP Delete TITLE SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP Delete TITLE SIREET ADDRESS CITY-ST-ZIP Delete TITLE SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP S	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIGCHEI 710 N PL	RS, ARTHUR W JR ANKINTON AVE, #120		TITLI NAM STRE	E EET ADDRESS				Change	Addition
NAME JANZ, JAMES F 710 N PLANKINTON AVE, #1200 STREET ADDRESS CITY-ST-ZIP TITLE V/S NAME YOUNG, JAMES B STREET ADDRESS CITY-ST-ZIP TITLE V/S NAME YOUNG, JAMES B STREET ADDRESS CITY-ST-ZIP TITLE FV Delete TITLE FV Delete TITLE FV Delete TITLE FV Delete TITLE FV STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE FV STREET ADDRESS FTREET AD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEIN, G 710 N PL	ANKINTON AVE, #120		NAM Stre	EET ADORESS				Change	Addition
TITLE V/S Delete TITLE Change Addition NAME YOUNG, JAMES B STREET ADDRESS 710 N PLANKINTON AVE, #1200 STREET ADDRESS CITY-ST-ZIP TITLE FV Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE FV Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE FV DELETE STREET ADDRESS CITY-ST-ZIP TITLE FV DELETE STREET ADDRESS CITY-ST-ZIP TITLE FV DELETE STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP T10 N PLANKINTON AVE, STE 1000 STREET ADDRESS CITY-ST-ZIP T10 N PLANKINTON AVE, STE 1000 STREET ADDRESS CITY-ST-ZIP T10 N PLANKINTON AVE, STE 1000 STREET ADDRESS CITY-ST-ZIP T11 L Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. Further certify that the information		JANZ, JA 710 N PL	ANKINTON AVE, #120		NAM Stre	EET ADDRESS				Change	☐ Addition
TITLE FV Delete TITLE NAME BRAUN, ROBERT E STREET ADDRESS CITY-ST-ZIP 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S YOUNG, 710 N PL	JAMES B ANKINTON AVE, #120		NAM STRE	EET ADDRESS		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby o	FV BRAUN, F 710 N PL MILWAUN	ROBERT E ANKINTON AVE, STE KEE, WI 53203 e information supplied wit	1000	NAM STRE CITY for the ex	EET ADDRESS -ST-ZIP emptions contain	ned in Chapter 11	9, Florida Statutes. I	further certif	v that the ir	nformation

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:	S	IGI	VΔ.	THE	RF:
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Mark S. Madigan, Vice President 02/16/06 414-274-2433

Daytime Phone #

ATTACHMENT 40022680

TOWNE DEVELOPMENT OF INDIAN SHORES, INC. DOCUMEN (#P95000068231)

Additional Directors/Officers:

V/AS BENNETT, BRENDA C. 1000 SHOREWOOD DRIVE, #200 CAPE CANAVERAL, FL 32920

V BORRIS, JAMES D. 710 N. PLANKINTON AVE., SUITE #1100 MILWAUKEE, WI 53203

V/T CHEVALIER, STEPHAN J. , 710 N. PLANKINTON AVE., SUITE #1200 MILWAUKEE, WI 53203

V GRANDLICH, JOHN R. 710 N. PLANKINTON AVE., SUITÉ #1100 MILWAUKEE, WI 53203

V KEARNEY, KITT E R. 8430 ENTERPRISE CIRCLE, SUITE #130 BRADENTON, FL. 34202

V/AS MADIGAN, MARK S. 710 N. PLANKINTON AVE., SUITE #1200 MILWAUKEE, WI 53203

AS DeLISLE, SANDRA J. 710 N. PLANKINTON AVE., SUITE #1200 MILWAUKEE, WI 53203