

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90041 009 ***150.00

DOCUMENT # P97000077897

1. Corporation Name

TOWNE DEVELOPMENT OF GULF SHORES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

710 NORTH PLANKINTON AVENUE
SUITE 1200
MILWAUKEE WI 53203

Mailing Address

710 NORTH PLANKINTON AVENUE
SUITE 1200
MILWAUKEE WI 53203

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

39-1906835

Applied For

Not Applicable

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 owes the current year intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME ZILBER, JOSEPH J
STREET ADDRESS 710 NORTH PLANKINTON AVENUE
CITY-ST-ZIP MILWAUKEE WI 53203

TITLE P
NAME WIGCHERS, ARTHUR W JR
STREET ADDRESS 710 N. PLANKINTON AVE, #1200
CITY-ST-ZIP MILWAUKEE WI 53203

TITLE VS
NAME YOUNG, JAMES B
STREET ADDRESS 710 N. PLANKINTON AVE, #1200
CITY-ST-ZIP MILWAUKEE WI 53203

TITLE V
NAME GRANDLICH, JOHN R
STREET ADDRESS 710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP MILWAUKEE WI 53203

TITLE AS
NAME MADIGAN, MARK S
STREET ADDRESS 710 N. PLANKINTON AVENUE, #1200
CITY-ST-ZIP MILWAUKEE WI 53203

TITLE V AS
NAME BENNETT, BRENDA
STREET ADDRESS 3000 N. ATLANTIC BLVD, SUITE 205
CITY-ST-ZIP COCOA BEACH FL 32931

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

V

☐ Change

☒ Addition

1.2 NAME

STEIN, GERALD

1.3 STREET ADDRESS

710 N. PLANKINTON AVENUE, #1200

1.4 CITY-ST-ZIP

MILWAUKEE, WI 53203

2.1 TITLE

V

☐ Change

☒ Addition

2.2 NAME

JANZ, JAMES F.

2.3 STREET ADDRESS

710 N. PLANKINTON AVENUE, #1200

2.4 CITY-ST-ZIP

MILWAUKEE, WI 53203

3.1 TITLE

V

☐ Change

☒ Addition

3.2 NAME

BRAUN, ROBERT E.

3.3 STREET ADDRESS

710 N. PLANKINTON AVENUE, #1200

3.4 CITY-ST-ZIP

MILWAUKEE, WI 53203

4.1 TITLE

V/TR

☐ Change

☒ Addition

4.2 NAME

CHEVALIER, STEPHAN J.

4.3 STREET ADDRESS

710 N. PLANKINTON AVENUE, #1200

4.4 CITY-ST-ZIP

MILWAUKEE, WI 53203

5.1 TITLE

AS

☐ Change

☒ Addition

5.2 NAME

DELISLE, SANDRA J.

5.3 STREET ADDRESS

710 N. PLANKINTON AVENUE, #1200

5.4 CITY-ST-ZIP

MILWAUKEE, WI 53203

6.1 TITLE

V

☐ Change

☒ Addition

6.2 NAME

Borris, James D.

6.3 STREET ADDRESS

710 N. Plankinton Avenue, #1200

6.4 CITY-ST-ZIP

Milwaukee, WI 53203

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark S. Madigan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary 1/18/99 (414) 274-2433

Date

Daytime Phone #

CR2E034 (1/98)