

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006199

**FILED**  
**Mar 05, 2016**  
**Secretary of State**  
**CC3529275202**

**Entity Name:** TOWN PARK SENIOR RESIDENT TASK FORCE, INC.

**Current Principal Place of Business:**

1610 N.W. 4TH AVE  
14-F  
MIAMI, FL 33136

**Current Mailing Address:**

1610 N.W. 4TH AVE  
14-F  
MIAMI, FL 33136

**FEI Number:** 27-1346694

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

EMAMI, SHAHRZAD ESQ  
3000 BISCAYNE BOULEVARD  
SUITE 500  
MIAMI, FL 33137 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            LESTER, JUANITA H  
Address        1610 NW 4TH AVE 14-F  
City-State-Zip: MIAMI FL 33136

Title            VICE  
Name            MARTIN, DORIS  
Address        1670 NW 4TH AVE 12-H  
City-State-Zip: MIAMI FL 33136

Title            SEC  
Name            BELLMONT, BARBARA  
Address        500 NW 17TH ST 1-E  
City-State-Zip: MIAMI FL 33136

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUANITA LESTER

**PRESIDENT**

**03/05/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date