FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 16 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***1040.00 ****130.00

DOCUMENT # **709264** (6)

1. Corporation Name

TOWN APARTMENTS, INC. NO. 4, A CONDOMINIUM

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1900 61ST AVE N ST PETERSBURG FL 33714	1900 61ST AVE N ST PETERSBURG FL 33714

3. Date Incorporated or Qualified: 07/06/1965
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2875646 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JOHNSON, ELMER R. - PRES
5940 21ST ST NO
ST PETERSBURG FL 33714

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	TREAS	☒ Change ☐ Addition
NAME	MATHENY, LORAINE	1.2 NAME		
STREET ADDRESS	5940 21ST ST N	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	BORRELLI, JOSEPH	2.2 NAME		
STREET ADDRESS	5940 21ST ST N	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	DIR	☒ Change ☐ Addition
NAME	WALSH,MARYBELLE	3.2 NAME	WARD, EVA	
STREET ADDRESS	5940 21ST ST N	3.3 STREET ADDRESS	APT 10 - 5940 21ST NO	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	3.4 CITY-ST-ZIP	S/PETG FL 33714	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	D'ALLESANDRO, PHILIP	4.2 NAME		
STREET ADDRESS	5940 21ST ST N	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	SEC	☒ Change ☐ Addition
NAME	SANTOS, ANTONE	5.2 NAME		
STREET ADDRESS	5940 21 ST NORTH	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE	T.S. 2/16/95	☐ Change ☐ Addition
NAME	MCINNIS, GERALD	6.2 NAME		
STREET ADDRESS	5940 21ST ST N	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elmer R Johnson - President 1-17-95 522-1549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014774