FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 17 1998 8:00am Secretary of State

TOWN APARTMENTS, INC. NO. 4,	A CONDOMINIUM					
Principal Place of Business Mailing Address			, restit teft) sette seite tiere sittl eist, stati eist eist eist eist sitt bier teft			
1900 61ST AVE N ST PETERSBURG FL 33714 1900 61ST AVE N ST PETERSBURG FL 33714			3. Date Incorporated or Qualified 07/06/1965			
			4. FEI Number Applied For 59-2875646 Not Applicable			
t. Principal Place of Business 2a. Mailing Address 26			5. Certificate of Status Desired S8.75 Additional Fee Required			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & State City & State			7. Is this nonprofit corporation a homeowners association? X Yes \(\square\) No			
Zip Country 26	29 30	untry	Personal Property Tax due June 30. 🔲 Yes 🔀 No			
9. Name and Address of Current	Registered Agent	10. Name and Address of New Registered Agent				
POPOCILI JOSEPH		81	1 Name			
5940 21ST ST NO ST PETERSBURG FL 33714		82	Street Address (P.O. Box Number is Not Acceptable)			
		63				
			4 City FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617,0502 and 617,1508, 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 617.0503, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTO	'	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12				
TITLE	T	DELETE	1.1 TITLE	D	Change	Addition				
NAME	WARD, EVA		1.2 NAME	LORAINE MATHENY						
STREET ADDRESS	5940 21 ST N		1.3 STREET ADDRESS	5940 21 ST. N.						
CITY-ST-ZIP	ST. PETE. FL		1.4 CITY-ST-ZIP	ST. PETE, FL.						
TITLE	P	DELETE	2.1 TITLE		Change	Addition				
NAME	Borrelli, Joseph		2.2 NAME	BERTHA RANSLOW	,					
STREET ADDRESS	5940 21ST ST N		2.3 STREET ADDRESS	5940 215T. N. ST. PETE, FL.	,					
CITY-ST-ZIP	ST PETERSBURG, FL 00000		2.4 CITY-ST-ZIP	ST. PETE, FL.						
TITLE	D	☐ DELETE	3.1 TITLE		Change	Addition				
NAME	MCINNIS, GERALD		3.2 NAME							
STREET ADDRESS	5940 21 ST. NO.		3.3 STREET ADDRESS							
CITY-ST-ZIP	ST. PETE. FL 33714		3.4. CITY-ST-ZIP							
TITLE	D	DELETE	4.1 TITLE		☐ Change	Addition				
NAME	D'ALLESANDRO, PHILIP		4. 2 NAME							
STREET ADDRESS	5940 21ST ST N		4.3 STREET ADORESS							
CITY-ST-ZIP	ST PETERSBURG, FL 00000		4.4 CITY-ST-ZIP							
TITLE	SEC	DELETE	5.1 TITLE		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	☐ DELETÉ	6.1 TITLE		☐ Change	Addition				
NAME	DUNN, JAMES		6.2 NAME	1						
STREET ADDRESS	5940 21 ST. NO.		6.3 STREET ADDRESS							
CITY-ST-ZIP	ST. PETE. FL 33714		6.4 CITY - ST - ZIP	and in Section 119 07/3V// Elorida Statutos further		1.5.7				

ritereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.