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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **709264**

1. Corporation Name
TOWN APARTMENTS, INC. NO. 4, A CONDOMINIUM

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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 07/06/1965

4. FEI Number: 59-2875646 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BORRELLI, JOSEPH
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 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 _____ 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	T	☒ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	WARD, EVA		1.2 NAME	Philip D'ALESSANDRO	
STREET ADDRESS	5940 21 ST N		1.3 STREET ADDRESS	5940 21ST. NO	
CITY-ST-ZIP	ST. PETE. FL		1.4 CITY-ST-ZIP	St. Petersburg Fl. 33714	
TITLE	P	☒ DELETE	2.1 TITLE	V.P.	☐ Change ☑ Addition
NAME	BORRELLI, JOSEPH		2.2 NAME	ELmer JOHNSON	
STREET ADDRESS	5940 21ST ST N		2.3 STREET ADDRESS	5940 21ST. NO.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000		2.4 CITY-ST-ZIP	ST. Petersburg Fl. 33714	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	MCINNIS, GERALD		3.2 NAME	Bertha RANSLOW	
STREET ADDRESS	5940 21 ST. NO.		3.3 STREET ADDRESS	5940 21ST. NO.	
CITY-ST-ZIP	ST. PETE. FL 33714		3.4 CITY-ST-ZIP	ST. Petersburg Fl. 33714	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MATHENY, LORAINE		4. 2 NAME		
STREET ADDRESS	5940 21 ST N		4.3 STREET ADDRESS		
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	☐ DELETE	6.1 TITLE	Pres.	☑ Change ☐ Addition
NAME	DUNN, JAMES		6.2 NAME	JAMES DUNN	
STREET ADDRESS	5940 21 ST. NO.		6.3 STREET ADDRESS	5940 21ST. NO	
CITY-ST-ZIP	ST. PETE. FL 33714		6.4 CITY-ST-ZIP	ST. Pete Fl. 33714	

CR2E037 (11/98)

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 617, 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: SIGNATURE REQUIRED James P. Dunn 1-20-99 727-525-3056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #