

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90449 001 ***183.75

14006



DO NOT WRITE IN THIS SPACE

DOCUMENT # 709264

1. Entity Name

TOWN APARTMENTS, INC. NO. 4, A CONDOMINIUM

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

Mailing Address
1900 61ST AVE N
ST PETERSBURG FL 33714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2875646**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORRELLI, JOSEPH
5940 21ST ST NO
ST PETERSBURG FL 33714

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	D'ALESSANDRO, PHILEP	
STREET ADDRESS	5940 21 ST N	
CITY-ST-ZIP	ST. PETE. FL 33714	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ELMER	
STREET ADDRESS	5940 21ST ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCINNIS, GERALD	
STREET ADDRESS	5940 21 ST. NO.	
CITY-ST-ZIP	ST. PETE. FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHENY, LORAIN	
STREET ADDRESS	5940 21 ST N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	KREECK, WINNIE	
STREET ADDRESS	5940 21ST STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DUNN, JAMES	
STREET ADDRESS	5940 21 ST. NO.	
CITY-ST-ZIP	ST. PETE. FL 33714	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON ELMER
STREET ADDRESS	5940 21ST ST. NO.
CITY-ST-ZIP	ST. PETE FL. 33714
TITLE	VP. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINNIS GERALD
STREET ADDRESS	5940 21ST ST. NO.
CITY-ST-ZIP	ST PETE. FL. 33714
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOLISH JOHN
STREET ADDRESS	5940 21ST ST. NO.
CITY-ST-ZIP	ST. PETE. FL. 33714
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH F. BORRELLI
STREET ADDRESS	5940 21ST ST. NO.
CITY-ST-ZIP	ST. PETE. FL. 33714

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph F. Borrelli*

1-30-02 (727) 522-2625

CR2E037 (9/01)