2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 20, 2006 8:00 am Secretary of State **DOCUMENT # 709264** 1. Entity Name 02-20-2006 90070 001 ***857.50 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 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2875646 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, ELMER R 5940 21ST. N. ST PETERSBURG FL 33714 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in 1/2 State of Florida. I am familiar with, and accept FILE NOW: FEE IS \$61.25 Due By May 1 2006 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Delete TITLE TITLE Johnson, Flmer 5940 al STN SLEZAK, LOIS NAME NAME 5940 21ST. N STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33714 CITY-ST-ZEP CITY-ST-Z(P DP TITLE TITLE JOHNSON, ELMER NAME NAME STREET ADDRESS 5940 21ST ST N STREET ADDRESS ST PETERSBURG FL 33714 CITY-ST-ZIP CITY-ST-ZIP Petersburg TITLE TITLE. MCIPNES Jews 5940 215 ST. N. NAME LEAHY, LORI NAME 5940 21ST. N. STREET ADDRESS STREET ADDRESS ST. PETE. FL 33714 CITY-ST-ZIP CITY-ST-7IP Peters bary ☐ Addition TITLE TITLE MATHENY, LORAINE NAME NAME STREET ADDRESS 5940 2155t. STREET ADDRESS 5940 21 ST N CITY-ST-ZIP SAINT PETERSBURG FL 33714 CITY-ST-ZIP ☐ Delete TITLE ■ Addition KREECK, WINNIE NAME NAME 5940 21ST STREET NORTH STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33714 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ___ Addition TITLE TITLE KULISH, JOHN NAME NAME 5940 21ST. N. STREET ADDRESS STREET ADDRESS ST. PETE. FL 33714 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, Policia 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: CLAYTON B. PAINTER

FILED