

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90045 001 ***673.75

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2875646

Applied For

Not Applicable

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

PRESIDENT
PAINTER, CLAYTON B
5940 21ST STREET NORTH
SAINT 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SLEZAK, LOIS** ☐ Delete
STREET ADDRESS **5940 21ST. N**
CITY-STATE-ZIP **SAINT PETERSBURG FL 33714**

TITLE **TD** ☐ Delete
NAME **JOHNSON, ELMER**
STREET ADDRESS **5940 21ST ST N**
CITY-STATE-ZIP **ST PETERSBURG FL 33714**

TITLE **VD** ☐ Delete
NAME **MCINNES, JERRY**
STREET ADDRESS **5940 21ST STREET NORTH**
CITY-STATE-ZIP **SAINT PETERSBURG FL 33714**

TITLE **PD** ☐ Delete
NAME **PAINTER, CLAYTON**
STREET ADDRESS **5940 21ST STREET NORTH**
CITY-STATE-ZIP **SAINT PETERSBURG FL 33714**

TITLE **SD** ☐ Delete
NAME **KREECK, WINNIE**
STREET ADDRESS **5940 21ST STREET NORTH**
CITY-STATE-ZIP **SAINT PETERSBURG FL 33714**

TITLE **D** ☒ Delete
NAME **KULISH, JOHN**
STREET ADDRESS **5940 21ST. N.**
CITY-STATE-ZIP **ST. PETE. FL 33714**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **George Schmidt**
CITY-STATE-ZIP **5940 21st Street North**
Saint Petersburg FL 33714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS **MCINNES Jerry**
CITY-STATE-ZIP **5940 21st Street North**
Saint Petersburg FL 33714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Kent Holcomb**
CITY-STATE-ZIP **5940 21st Street North**
Saint Petersburg FL 33714

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, 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 **Clayton Painter** **CLAYTON PAINTER** **JAN 31, 2008** **727-520-7979**