2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# 709264

Entity Name: TOWN APARTMENTS, INC. NO. 4, A CONDOMINIUM

Current Principal Place of Business:

1900 61ST AVE N
ST PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

1900 61ST AVE N
ST PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 59-2875646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAINTER, CLAYTON B
5940 21ST STREET NORTH
SAINT PETERSBURG, FL 33714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SLEZAK, LOIS	
Address:	5940 21ST. N	
City-St-Zip:	SAINT PETERSBURG, FL 33714	
Title:	TD	( ) Delete
Name:	JOHNSON, ELMER	
Address:	5940 21ST ST N	
City-St-Zip:	ST PETERSBURG, FL 33714	
Title:	D	( ) Delete
Name:	MCINNES, JERRY	
Address:	5940 21ST STREET NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33714	
Title:	PD	( ) Delete
Name:	PAINTER, CLAYTON	
Address:	5940 21ST STREET NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33714	
Title:	SD	( ) Delete
Name:	KREECK, WINNIE	
Address:	5940 21ST STREET NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33714	
Title:	V	( ) Delete
Name:	HOLCOMB, KENT	
Address:	5940 21ST. N.	
City-St-Zip:	ST. PETE., FL 33714	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	REID, WENDELL	
Address:	5940 21ST ST NO #17	
City-St-Zip:	SAINT PETERSBURG, FL 33714	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAYTON PAINTER P 03/12/2009

Electronic Signature of Signing Officer or Director — Date