

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712134 (6)  
1. Corporation Name  
TOWN APARTMENTS, INC. NO. 10, (A CONDOMINIUM)



Principal Place of Business 1800 61ST AVENUE, NORTH ST. PETERSBURG FL 33714	Mailing Address 1800 61ST AVENUE, NORTH ST. PETERSBURG FL 33714
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3. Date incorporated or Qualified 01/23/1967	
4. FEI Number 59-2876277	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
GRAY, JESSIE R.  
2050 58TH AVE. N N-7  
ST PETERSBURG FL 33714

10. Name and Address of New Registered Agent  
81 Name  
CISNIEWICZ ADELE H.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1950-58 AVE. N. R24  
83  
84 City ST. PETERSBURG FL 85 Zip Code 33714

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: *Adele M. Cisniewicz* DATE: 1/16/98

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MCCORD, RICHARD	
STREET ADDRESS	2050 58AVE N R24	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CISNIEWICZ, ADELE	
STREET ADDRESS	1950 58TH AVE. N N-28	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARON, CONNIE	
STREET ADDRESS	2050 58TH AVE N N4	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEALIS, ELSIE W	
STREET ADDRESS	2050 58 AVE N N28	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACK, ZENNIE	
STREET ADDRESS	1950-58 AVE N R1	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, JESSIE R	
STREET ADDRESS	2050 58 AVE NO N-7	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRES. CISNIEWICZ, ADELE
2.3 STREET ADDRESS	1950-58 ST. N. R24
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33714
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SEC/TREAS CATHERINE LEAHY
3.3 STREET ADDRESS	1950-58 AVE. N R20
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33714
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V. PRES. NEALIS ELSIE W.
4.3 STREET ADDRESS	2050-58 AVE. N. N28
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33714
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300002433799
6.3 STREET ADDRESS	-02/18/98-01027-007
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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.

SIGNATURE: *Adele M. Cisniewicz* ADELE H. CISNIEWICZ 1/16/98 813-526-3111

CR2E037 (10/97)