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**Mar 17, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 712134**

1. Corporation Name  
**TOWN APARTMENTS, INC. NO. 10, (A CONDOMINIUM)**

Principal Place of Business Mailing Address  
 1900 61ST AVENUE, NORTH 1900 61ST AVENUE, NORTH  
 ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33714



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/23/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2876277
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	

9. Name and Address of Current Registered Agent CISNIEWICZ, ADELE H. 1950 58TH AVE. NORTH R24 ST PETERSBURG FL 33714	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 - Pres.* DATE: 1/18/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P <input type="checkbox"/> DELETE	NAME: CISNIEWICZ, ADELE	11 TITLE: VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Jesse Gray
STREET ADDRESS: 1950 58TH AVE. N R24	CITY-ST-ZIP: ST PETERBURG FL 33714	12 NAME:	13 STREET ADDRESS: 2050 58 Ave N. N7
TITLE: D <input type="checkbox"/> DELETE	NAME: CARON, CONNIE	14 CITY-ST-ZIP:	11 CITY-ST-ZIP: St. Petersburg, FL.
STREET ADDRESS: 2050 58THA VE N N4	CITY-ST-ZIP: ST PETERBURG FL	21 TITLE: D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Julia Bobroske
TITLE: VP <input checked="" type="checkbox"/> DELETE	NAME: NEALIS, ELSIE W	22 NAME:	23 STREET ADDRESS: 1950 58th Ave N. R3
STREET ADDRESS: 2050 58 AVE N N28	CITY-ST-ZIP: ST PETERBURG FL	24 CITY-ST-ZIP:	21 CITY-ST-ZIP: St. Petersburg, FL.
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: BLACK, ZENNIE	31 TITLE: Rec. Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Elsie Nealis
STREET ADDRESS: 1950-58 AVE N R1	CITY-ST-ZIP: ST PETERBURG FL	32 NAME:	33 STREET ADDRESS: 2050, 58 Ave. N. N28
TITLE: ST <input checked="" type="checkbox"/> DELETE	NAME: LEAHY, CATHERINE	34 CITY-ST-ZIP:	31 CITY-ST-ZIP: St. Petersburg, FL.
STREET ADDRESS: 1950 58TH AVE. NORTH R20	CITY-ST-ZIP: ST. PETERSBURG FL 33714	41 TITLE: D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: James Stephens
TITLE: <input type="checkbox"/> DELETE	NAME:	42 NAME:	43 STREET ADDRESS: 1950 58th Ave N. R15
STREET ADDRESS:	CITY-ST-ZIP:	44 CITY-ST-ZIP:	41 CITY-ST-ZIP: St. Petersburg, FL.
STREET ADDRESS:	CITY-ST-ZIP:	51 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Frank Davis
STREET ADDRESS:	CITY-ST-ZIP:	52 NAME:	53 STREET ADDRESS: 1950 58th Ave N R14
STREET ADDRESS:	CITY-ST-ZIP:	54 CITY-ST-ZIP:	51 CITY-ST-ZIP: St. Petersburg, FL.
STREET ADDRESS:	CITY-ST-ZIP:	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	62 NAME:	63 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	63 STREET ADDRESS:	64 CITY-ST-ZIP:
STREET ADDRESS:	CITY-ST-ZIP:	64 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)(i), 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, with all other like empowered.

SIGNATURE: *Adele M. Cisniewicz* (ADELE M. CISNIEWICZ) 1/18/99 727-526-3111  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)