

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 708125 (0)

1. Corporation Name

TOWN APARTMENTS, INC., NO. 1, A CONDOMINIUM

Principal Place of Business

Mailing Address

C/O CARL BRADEN  
1900 61 AVE NORTH  
ST PETERSBURG FL 337141900 61ST AVE., N.  
CONDO 1  
ST PETERSBURG FL 33714  
US

3. Date Incorporated or Qualified

11/17/1964

3a. Date of Last Report

02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2176156

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STREFELT, ELLEN  
6050 21 ST N #6  
ST PETERSBURG FL 33714

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*Ellen Strefelt*

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

(NOTE: Registered Agent signature required when reinstating)

1/22/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S

BURN, FRED A

6050 21ST ST., N., SUITE B-3  
ST PETERSBURG FL☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

LILLIAN CLAUS

6100 21ST No A17

ST. PETE. FL

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V

MORIN, BARBARA

6050 21ST ST. L N. STE. B-10  
ST PETERSBURG FL☐ DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

FALK, CAROLYN

6050 21ST ST., N., SUITE B-14  
ST PETERSBURG FL☐ DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

KLEIVEN, ETHEL

6050 21ST ST. N., STE. B-11  
ST. PETERSBURG FL☒ DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

MULLERVY, MARY

6050 21ST ST., N., STE. B-5  
ST. PETERSBURG FL☐ DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

SILAGY, LOUIS

6100 21ST ST., N., STE. A-20  
ST. PETERSBURG FL☒ DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Ellen Strefelt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

Date

526-3304

Daytime Phone #

0014933

DOCUMENT # H05272 (0)

1. Corporation Name

SUWANNEE RIVER FLYING CLUB, INC.



CR2E037 (12/95)