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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
C/O CARL BRADEN
1900 61 AVE NORTH
ST PETERSBURG FL 33714
1900 61 AVE NO.
ST PETERSBURG, FL.
Mailing Address
1800 61ST AVE.. N.
CONDO I
ST PETERSBURG FL 33714-1528
US3. Date Incorporated or Qualified
11/17/19643a. Date of Last Report
02/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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4. FEI Number
59-2176156Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$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 #8
ST PETERSBURG FL 33714

81 Name

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

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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)

DATE 1/8/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME BURN, FREDA
STREET ADDRESS 6050 21ST ST., N., SUITE B-3
CITY-ST-ZIP ST PETERSBURG FLTITLE V
NAME MORIN, BARBARA
STREET ADDRESS 6050 21ST ST. N. STE. B-10
CITY-ST-ZIP ST PETERSBURG FLTITLE D
NAME FALK, CAROLYN
STREET ADDRESS 6050 21ST ST., N., SUITE B-14
CITY-ST-ZIP ST PETERSBURG FLTITLE D
NAME CLAUSS, LILLIAN
STREET ADDRESS 6100 21 STREET NORTH A17
CITY-ST-ZIP ST. PETERSBURG FLTITLE D
NAME MULLERVY, MARY
STREET ADDRESS 6050 21ST ST., N., STE. B-5
CITY-ST-ZIP ST. PETERSBURG FLTITLE P
NAME STREFELT, ELLEN
STREET ADDRESS 6050 21ST NO #B12
CITY-ST-ZIP ST PETE FL1.1 TITLE D FULLER, CLARA
1.2 NAME
1.3 STREET ADDRESS 600 21ST N. SUITE A5
1.4 CITY-ST-ZIP ST PETERSBURG, FL. 337142.1 TITLE D
2.2 NAME KIRSIMAGI, SYLVIA
2.3 STREET ADDRESS 6050 21ST N SUITE B-20
2.4 CITY-ST-ZIP ST. PETE. FL. 337143.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Ellen Strefelt Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 (813) 526-3304

Date Daytime Phone # 0051050

CR2E037 (9/96)