

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90075 001 \*\*\*183.75

**DOCUMENT # 708125**

1. Entity Name

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



Principal Place of Business

1900 61ST AVE N  
CONDO 1  
ST PETERSBURG FL 33714  
US

Mailing Address

1900 61ST AVE., N.  
CONDO 1  
ST PETERSBURG FL 33714  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2176156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAEFER, EDWARD A  
6100 21ST STREET N, #A9  
ST PETERSBURG FL 33714

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHAEFER, EDWARD A	
STREET ADDRESS	6100 21ST NORTH, #A9	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRINGTON, HELEN K	
STREET ADDRESS	6050 21ST ST., N., SUITE B-2	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNS, JAMES	
STREET ADDRESS	6100 21ST ST N STE A-14	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURN, FRED A	
STREET ADDRESS	6050 21ST ST N UNIT B3	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JAMES, PERING	
STREET ADDRESS	6120 21 STREET N A7	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRSIMAGI, SYLVIA	
STREET ADDRESS	6050 21ST ST N STE B-20	
CITY-ST-ZIP	ST PETE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clayton, Patricia	
STREET ADDRESS	6050 21st North Unit B-19	
CITY-ST-ZIP	St Petersburg FL 33714	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Victor, Robert	
STREET ADDRESS	6100 21st Street North Unit A-20	
CITY-ST-ZIP	St Petersburg FL 33714	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAVANAUGH, Joseph	
STREET ADDRESS	6100 21st Street North Unit A-19	
CITY-ST-ZIP	St Petersburg FL 33714	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jenkins, Herbert	
STREET ADDRESS	6050 21st Street North Unit B-6	
CITY-ST-ZIP	St Petersburg FL 33714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Edward A. Schaefer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/25 727-526-0849  
Date Daytime Phone #