

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90249 001 ***367.50

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1. Entity Name

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



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business - No P.O. Box #

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

1st MOORE

CR2E037 (10/06)



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 registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME SCHAEFER, EDWARD A
STREET ADDRESS 6100 21ST NORTH, #A9
CITY-STATE-ZIP SAINT PETERSBURG FL 33714

TITLE Director ☒ Change ☐ Addition
NAME SUSAN CASSATT
STREET ADDRESS 6050 21st St North Unit #1
CITY-STATE-ZIP St Petersburg FL 33714

TITLE T ☐ Delete
NAME VICTOR, ROBERT
STREET ADDRESS 6100 21ST STREET NORTH UNIT 13-19
CITY-STATE-ZIP ST PETERSBURG FL 33714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE V ☐ Delete
NAME CAVANAUGH, JOSEPH
STREET ADDRESS 6100 21ST ST N STE A-14
CITY-STATE-ZIP SAINT PETERSBURG FL 33714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE S ☐ Delete
NAME CLOYED, PATRICIA
STREET ADDRESS 6050 21ST STREET NORTH SUITE 19
CITY-STATE-ZIP SAINT PETERSBURG FL 33714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME JENKINS, HERBERT
STREET ADDRESS 6050 21ST STREET NORTH UNIT B-6
CITY-STATE-ZIP SAINT PETERSBURG FL 33714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☒ Delete
NAME KIRSIMAGI, SYLVIA
STREET ADDRESS 6050 21ST ST N STE B-20
CITY-STATE-ZIP ST PETE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Edward A. Schaefer 2/5/07 727-526-0849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #