

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90046 037 \*\*\*150.00

**DOCUMENT # 250988**

1. Entity Name

TOWN HALL APTS INC



Principal Place of Business

3800 NE 21ST AVE  
#4  
LIGHTHOUSE POINT FL 33064  
US

Mailing Address

3800 NE 21ST AVE  
#4  
LIGHTHOUSE POINT FL 33064  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-0997218

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

BARRICELLI, ANTHONY  
3800 N.E. 21ST AVE.  
#4  
LIGHTHOUSE POINT FL 33064

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 \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WENTZ, MARGARET	
STREET ADDRESS	3800 E 21 AVE, APT # 10	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BURNS, DORIS	
STREET ADDRESS	3800 NE 21ST AVE, APT # 12	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARRICELLI, ANTHONY	
STREET ADDRESS	3800 NE 21ST AVE, APT # 4	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WENTZ, EDWIN	
STREET ADDRESS	3800 NE 21ST AVE, APT # 10	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	ASBM	<input type="checkbox"/> Delete
NAME	OLDEHOFF, ARTHUR	
STREET ADDRESS	3800 NE 21ST AVE, APT #6	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weiss, Santa	
STREET ADDRESS	3800 N.E. 21 Ave. Apt. 7	
CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Shortt	
STREET ADDRESS	3800 N.E. 21 Ave. Apt. 1	
CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burns, Doris	
STREET ADDRESS	3800 N.E. 21st Ave Apt. 12	
CITY-ST-ZIP	Lighthouse Point, FL 33064	
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 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 607, 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:** *Anthony J. Barricelli* **Anthony J. Barricelli** 2-8-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #