

**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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

66001411



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2176156		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>SCHAEFER, EDWARD A 6100 21ST STREET N, #A9 ST PETERSBURG FL 33714</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHAEFER, EDWARD A			NAME	Cloyd, Patricia		
STREET ADDRESS	6100 21ST NORTH, #A9			STREET ADDRESS	6050 21st North Unit B-19		
CITY-ST-ZIP	SAINT PETERSBURG FL 33714			CITY-ST-ZIP	St Petersburg FL 33714		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARRINGTON, HELEN K			NAME	Victor, Robert		
STREET ADDRESS	6050 21ST ST., N., SUITE B-2			STREET ADDRESS	6100 21st Street North Unit A-20		
CITY-ST-ZIP	ST PETERSBURG FL 33714			CITY-ST-ZIP	St Petersburg FL 33714		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURNS, JAMES			NAME	CAVANAUGH, Joseph		
STREET ADDRESS	6100 21ST ST N STE A-14			STREET ADDRESS	6100 21st Street North Unit A-19		
CITY-ST-ZIP	ST PETERSBURG FL			CITY-ST-ZIP	St Petersburg FL 33714		
TITLE	S	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURN, FRED A			NAME	Jenkins, Herbert		
STREET ADDRESS	6050 21ST ST N UNIT B3			STREET ADDRESS	6050 21st Street North Unit B-6		
CITY-ST-ZIP	SAINT PETERSBURG FL 33714			CITY-ST-ZIP	St Petersburg FL 33714		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAMES, PERING			NAME			
STREET ADDRESS	6120 21 STREET N A7			STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG FL 33714			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRSIMAGI, SYLVIA			NAME			
STREET ADDRESS	6050 21ST ST N STE B-20			STREET ADDRESS			
CITY-ST-ZIP	ST PETE FL			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 Colman A. Schaefer 1/22/25 727-526-0849  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #