


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

DOCUMENT # 708125 1. Entity Name TOWN APARTMENTS, INC., NO. 1., A CONDOMINIUM	
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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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent SCHAEFER, EDWARD A 6100 21ST STREET N, #A9 ST PETERSBURG FL 33714	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFER, EDWARD A	NAME	SUSAN CASSATT
STREET ADDRESS	6100 21ST NORTH, #A9	STREET ADDRESS	6050 21st St North Unit #1
CITY- ST- ZIP	SAINT PETERSBURG FL 33714	CITY- ST- ZIP	St Petersburg FL 33714
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR, ROBERT	NAME	
STREET ADDRESS	6100 21ST STREET NORTH UNIT 13-19	STREET ADDRESS	
CITY- ST- ZIP	ST PETERSBURG FL 33714	CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVANAUGH, JOSEPH	NAME	
STREET ADDRESS	6100 21ST ST N STE A-14	STREET ADDRESS	
CITY- ST- ZIP	SAINT PETERSBURG FL 33714	CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOYED, PATRICIA	NAME	
STREET ADDRESS	6050 21ST STREET NORTH SUITE 19	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	JENKINS, HERBERT	NAME	
STREET ADDRESS	6050 21ST STREET NORTH UNIT B-6	STREET ADDRESS	
CITY- ST- ZIP	SAINT PETERSBURG FL 33714	CITY- ST- ZIP	
TITLE	D <input checked="" 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 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 #