

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

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90194 001 ***743.75

DOCUMENT # 709170

1. Entity Name

TOWN APARTMENTS, INC., NO. 2, A CONDOMINIUM



Principal Place of Business

1900 61ST AVE N
ST PETERSBURG FL 33714

Mailing Address

1900 61ST AVE N
ST PETERSBURG FL 33714

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

59-2521743

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

BERNADETTE, NOLAN
5970 21ST ST NO. #3
SAINT 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

Bernadette Nolan

1/21/05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	NOLAN, BERNADETTE	
STREET ADDRESS	5970-21ST. #3	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PLAY, MARIA L	
STREET ADDRESS	6000-21ST. #10	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOCKERS, THOMAS	
STREET ADDRESS	6000-21ST. #1	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	BVP	<input type="checkbox"/> Delete
NAME	BUNGENSTOCK, JEROME	
STREET ADDRESS	6000-21ST. #16	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAIRD, LEWIS	
STREET ADDRESS	5970-21ST. #9	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNE HOUGH	
STREET ADDRESS	6000 - 21ST ST. NO. #12	
CITY-ST-ZIP	ST PETERSBURG, FL 33714	
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: *Bernadette Nolan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/05 = 727/526-7075

Date

Daytime Phone #