

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90045 001 ***673.75

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-2521743

Applied For

Not Applicable

Zip

Country

Zip

Country

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., #9
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

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, 2008**

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
NOLAN, BERNADETTE #
5970-21ST SUITE 9
ST PETERSBURG FL 33714** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
5970 21ST ST NORTH, #9 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
WRIGHT, CARROLL #
5970-21ST STREET SUITE 20
SAINT PETERSBURG FL 33714** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
JOCKERS, THOMAS
6000-21ST. #1
SAINT PETERSBURG FL 33714** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
KAISER, PATRICIA #
6000-21ST STREET NORTH SUITE 6
ST. PETERSBURG FL 33714** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
HOUGH, JOANNE
6000 21ST STREET NORTH SUITE 12
SAINT PETERSBURG FL 33714** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
SZILLAT, PAUL
5970 21ST ST, NORTH, #16
ST PETERSBURG FL 33714** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
DEVEGA, RENALDO #
5970-21ST STREET NORTH SUITE 5
SAINT PETERSBURG FL 33714** ☐ Delete

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

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:

Bernadette Nolan

1/31/08 727/526-7075