

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709170

FILED
Mar 12, 2009
Secretary of State

Entity Name: TOWN APARTMENTS, INC., NO. 2, A CONDOMINIUM

Current Principal Place of Business:

1900 61ST AVE N
ST PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

1900 61ST AVE N
ST PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 59-2521743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNADETTE, NOLAN
5970 21ST ST NO., #9
SAINT PETERSBURG, FL 33714 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOLAN, BERNADETTE
Address: 5970 21ST ST NORTH #9
City-St-Zip: ST PETERSBURG, FL 33714

Title: D () Delete
Name: WRIGHT, CARROLL
Address: 5970-21ST STREET SUITE 20
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: D () Delete
Name: JOCKERS, THOMAS
Address: 6000-21ST. #1
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: D () Delete
Name: KAISER, PATRICIA
Address: 6000-21ST STREET NORTH SUITE 6
City-St-Zip: ST. PETERSBURG, FL 33714

Title: D () Delete
Name: SZILLAT, PAUL
Address: 5970 21ST ST NORTH #16
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: D () Delete
Name: DEVEGA, RENALDO
Address: 5970-21ST STREET NORTH SUITE 5
City-St-Zip: SAINT PETERSBURG, FL 33714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: JOCKERS, THOMAS
Address: 6000-21ST. #1
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: SELICK, LINDA
Address: 5970 21ST ST NORTH #6
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNADETTE NOLAN

P

03/12/2009

Electronic Signature of Signing Officer or Director

Date