

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90170 001 \*\*\*551.25

**DOCUMENT # 709264**

1. Entity Name

TOWN APARTMENTS, INC. NO. 4, A CONDOMINIUM



Principal Place of Business

Mailing Address

1900 61ST AVE N  
ST PETERSBURG FL 33714

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.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2875646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAINTER, CLAYTON B  
5940 21ST STREET NORTH  
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, 2007**

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 D ☐ Delete  
NAME SLEZAK, LOIS  
STREET ADDRESS 5940 21ST. N  
CITY- ST- ZIP SAINT PETERSBURG FL 33714

TITLE D ☐ Change ☒ Addition  
NAME George Schmidt  
STREET ADDRESS 5940 21st Street North  
CITY- ST- ZIP St Petersburg FL 33714

TITLE TD ☐ Delete  
NAME JOHNSON, ELMER  
STREET ADDRESS 5940 21ST ST N  
CITY- ST- ZIP ST PETERSBURG FL 33714

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

TITLE VD ☐ Delete  
NAME MCINNES, JERRY  
STREET ADDRESS 5940 21ST STREET NORTH  
CITY- ST- ZIP SAINT PETERSBURG FL 33714

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

TITLE PD ☐ Delete  
NAME PAINTER, CLAYTON  
STREET ADDRESS 5940 21ST STREET NORTH  
CITY- ST- ZIP SAINT PETERSBURG FL 33714

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

TITLE SD ☐ Delete  
NAME KREECK, WINNIE  
STREET ADDRESS 5940 21ST STREET NORTH  
CITY- ST- ZIP SAINT PETERSBURG FL 33714

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

TITLE D ☐ Delete  
NAME KULISH, JOHN  
STREET ADDRESS 5940 21ST. N.  
CITY- ST- ZIP ST. PETE. FL 33714

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Clayton Painter* CLAYTON PAINTER 1-31-07 727-520-7979  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #