

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 # 711812

1. Entity Name

TOWN APARTMENTS, INC., NO. 9, A CONDOMINIUM



Principal Place of Business

**1900 61 AVE N
ST PETERSBURG FL 33714**

Mailing Address

**1900 61 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

66000689



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2418092

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

**HANSEN, GERALD M - PRESIDENT
2011 58TH AVE N
M-21
ST 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, 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 **D** ☐ Delete
NAME **DALPHOND, DOROTHY A**
STREET ADDRESS **2011 58TH AVE N M-26**
CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

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

TITLE **DVP** ☐ Delete
NAME **BOATMAN, LYLE**
STREET ADDRESS **2011 58TH AVE. NO. M-8**
CITY-ST-ZIP **ST. PETERSBURG FL 33714** *V-Pres.*

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

TITLE **VP** ☒ Delete
NAME **KOWSKY, PETER KLEM**
STREET ADDRESS **2011 - 58TH AVE. N M-24**
CITY-ST-ZIP **ST. PETERSBURG FL 33714**

TITLE ☐ Change ☒ Addition
NAME **McCLUSKEY GERALD**
STREET ADDRESS **1921-58TH AVE N T-21**
CITY-ST-ZIP **St. Petersburg, FL 33714**

TITLE **T** ☐ Delete
NAME **ANDRAPE, ANNA DE**
STREET ADDRESS **1921 - 58TH AVE. N**
CITY-ST-ZIP **ST. PETERSBURG FL 33714**

TITLE ☐ Change ☒ Addition
NAME **SECRETARY/DIRECTOR**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DEVAULT, DOLORES**
STREET ADDRESS **1921 58TH AVE N T-19**
CITY-ST-ZIP **ST PETERSBURG FL 33714**

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

TITLE **STD** ☐ Delete
NAME **LYON, DORIS M**
STREET ADDRESS **2011 58 AVE N, M-23**
CITY-ST-ZIP **ST. PETERSBURG FL 33714**

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR ONLY**
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #