

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

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90075 001 ***183.75

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1. Entity Name

TOWN APARTMENTS, INC. NO. 10, (A CONDOMINIUM)



Principal Place of Business

1900 61ST AVENUE, NORTH
ST. PETERSBURG FL 33714

Mailing Address

1900 61ST AVENUE, NORTH
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

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2876277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CISNIEWICZ, ADELE H.
1950 58TH AVE. NORTH R24
ST PETERSBURG FL 33714

7. Name and Address of New Registered Agent

Name **JAMES E STEPHENS**
Street Address (P.O. Box Number is Not Acceptable)
1950 58TH AVE N, R-15
City **ST PETERSBURG** FL **33714**

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

JAMES E STEPHENS - President *James E Stephens*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-2005

**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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CISNIEWICZ, ADELE	
STREET ADDRESS	1950 58TH AVE. N R24	
CITY-ST-ZIP	ST PETERBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERDERBER, GEORGE	
STREET ADDRESS	1950-58 AVEN. R 18	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	RS	<input type="checkbox"/> Delete
NAME	NEALIS, ELSIE W	
STREET ADDRESS	2050 58 AVE N N28	
CITY-ST-ZIP	ST PETERBURG FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PANICH, LOUISE	
STREET ADDRESS	2050 38 AVE N N19	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	DT	<input type="checkbox"/> Delete
NAME	THOMAS, HEATH	
STREET ADDRESS	1950- 58 AVE. N. R 12	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, JAMES	
STREET ADDRESS	1950 58TH AVE N, R15	
CITY-ST-ZIP	ST PETERSBURG FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK DAVIS	
STREET ADDRESS	1950 58TH AVEN. R-14	
CITY-ST-ZIP	ST PETERSBURG, FL 33714	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMOTHY P CURRAN	
STREET ADDRESS	2050 58TH AVEN. N-11	
CITY-ST-ZIP	ST PETERSBURG, FL 33714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JESSE GRAY	
STREET ADDRESS	2050 58TH AVEN. N-7	
CITY-ST-ZIP	ST PETERSBURG, FL 33714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES E. STEPHENS	
STREET ADDRESS	1950 58TH AVE N, R-15	
CITY-ST-ZIP	ST PETERSBURG, FL 33714	

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: JAMES E STEPHENS *James E Stephens* **1-19-2005** **727-526-3691**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #