

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 # 712134

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

BUSH, SUSAN J
2050 58TH AVE.
APT. N6
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, 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	FALLIN, PETE	
STREET ADDRESS	1950 58TH AVE.	
CITY-STATE-ZIP	ST PETERBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CURRAN, TIMOTHY P	
STREET ADDRESS	2050 58TH AVE N. N-11	
CITY-STATE-ZIP	SAINT PETERSBURG FL 33714	
TITLE	RS	<input type="checkbox"/> Delete
NAME	NEALIS, ELSIE W	
STREET ADDRESS	2050 58 AVE N N28	
CITY-STATE-ZIP	ST PETERBURG FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SOUSA, JOHN	
STREET ADDRESS	2050 58TH AVE.	
CITY-STATE-ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUSH, SUSAN	
STREET ADDRESS	2050 58 AVENUE NORTH SUITE N-6	
CITY-STATE-ZIP	SAINT PETERSBURG FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BUSH, SUSAN J	
STREET ADDRESS	2050 58TH AVE. APT. N6	
CITY-STATE-ZIP	SAINT PETERSBURG FL 33714	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albertson, Sarah	
STREET ADDRESS	2050 58th AVE N25	
CITY-STATE-ZIP	St. Petersburg FL 33714	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Stephens	
STREET ADDRESS	1950 58th Ave N R15	
CITY-STATE-ZIP	St. Petersburg FL 33714	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Burr	
STREET ADDRESS	2050 58th Ave N R17	
CITY-STATE-ZIP	St. Petersburg FL 33714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

Susan J Bush

1/30/08 197-5273263