

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90070 001 ***857.50

DOCUMENT # 712714

1. Entity Name

TOWN APARTMENTS, INC. NO. 11, A CONDOMINIUM



Principal Place of Business

1900 61ST AVENUE N
ST PETERSBURG FL 33714

Mailing Address

1900 61ST AVENUE 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

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2356410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAY, SHIRELY M
1950 59TH AVE N. 310
SAINT PETERSBURG FL 33714

7. Name and Address of New Registered Agent

Name **CARL ROSAR**
Street Address (P.O. Box Number is Not Acceptable)

1950 59th Ave N #101

City **Saint Petersburg**

FL

Zip Code

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

Carl Rosar

1/30/06

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 **SD** ☐ Delete
NAME **GRIFFITH, FRANCES**
STREET ADDRESS **1950 59TH AVE., N. 305**
CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

TITLE **DT** ☐ Delete
NAME **SHIFFER, HELEN**
STREET ADDRESS **1950 59TH AVE N, #102**
CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

TITLE **VPD** ☒ Delete
NAME **BRYAN, BARBARA**
STREET ADDRESS **1950 59TH AVE N, #303**
CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

TITLE **D** ☒ Delete
NAME **PANCAZIO, CHARLES**
STREET ADDRESS **1950 59TH AVE N #210**
CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

TITLE **VPD** ☒ Delete
NAME **BONACORDA, FRED**
STREET ADDRESS **1950 59TH AVE N, 214**
CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

TITLE **D** ☒ Delete
NAME **CAMPBELL, WILLIAM**
STREET ADDRESS **1950 59TH AVE. N., 215**
CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D - ROSAR, CARL** ☐ Change ☐ Addition
NAME **1950 59TH AVE NO #101**
STREET ADDRESS **S/P, FL. 33714**
CITY-ST-ZIP

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

TITLE **T. H. ROSE A. BLANEY** ☐ Change ☒ Addition
NAME **1950 59th Ave North #211**
STREET ADDRESS **SAINT PETERSBURG FL 33714**
CITY-ST-ZIP

TITLE **MADOLINE MAGROS** ☐ Change ☒ Addition
NAME **1950 59th Ave North #207**
STREET ADDRESS **SAINT PETERSBURG FL 33714**
CITY-ST-ZIP

TITLE **FRANCES O'NEIL** ☐ Change ☒ Addition
NAME **1950 59th St North #315**
STREET ADDRESS **SAINT PETERSBURG FL 33714**
CITY-ST-ZIP

TITLE **MAJORIE WARD** ☐ Change ☒ Addition
NAME **1950 59th Ave N #106**
STREET ADDRESS **SAINT PETERSBURG FL 33714**
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 I am empowered.

SIGNATURE:

Carl Rosar

1/30/06