

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

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1. Entity Name

TOWN APARTMENTS, INC. NO. 11, A CONDOMINIUM



Principal Place of Business

Mailing Address

1900 61ST AVENUE N
ST PETERSBURG FL 33714

1900 61ST AVENUE 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

4. FEI Number

59-2356410

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSAR, CARL
1950 59TH AVENUE NORTH
SUITE 101
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 SD ☐ Delete
NAME GRIFFITH, FRANCES
STREET ADDRESS 1950 59TH AVE., N. 305
CITY-ST-ZIP SAINT PETERSBURG FL 33714

TITLE ☐ Change ☒ Addition
NAME MARJORA WARD
STREET ADDRESS 1950 59TH AVE. N. 106
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 ☐ Change ☒ Addition
NAME Sue Jenkins
STREET ADDRESS 1950 59TH AVE N. 110
CITY-ST-ZIP SAINT PETERSBURG FL 33714

TITLE PD ☐ Delete
NAME ROSAR, CARL
STREET ADDRESS 1950 50TH AVENUE NORTH SUITE 101
CITY-ST-ZIP SAINT PETERSBURG FL 33714

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

TITLE D ☐ Delete
NAME BLANEY, THERESA A
STREET ADDRESS 1950 59TH AVENUE NORTH SUITE 211
CITY-ST-ZIP SAINT PETERSBURG FL 33714

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

TITLE D ☒ Delete
NAME MAGHES, MADELINE
STREET ADDRESS 1950 59 AVENUE NORTH SUITE 207
CITY-ST-ZIP SAINT PETERSBURG FL 33714

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

TITLE D ☐ Delete
NAME O'NEIL, FRANCES
STREET ADDRESS 1950 59TH STREET NORTH SUITE 319
CITY-ST-ZIP SAINT PETERSBURG 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:

Carl Rosar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/07

Date

727-522-5028

Daytime Phone #