


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 # 712970	
1. Entity Name	
TOWN APARTMENTS, INC., NO. 12, A CONDOMINIUM	

Principal Place of Business	Mailing Address
1900 61ST AVE N ST PETERSBURG FL 33714	1900 61ST 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

4. FEI Number	Applied For
59-2170975	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NICKLEBY, CURTIS P 5955 18TH ST N #20 ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent
X Name RHODES, WALTER
Street Address (P.O. Box Number is Not Acceptable)
5955 18th St. N.
Apt. # 11
City ST. 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 Walter Rhodes DATE 2/2/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKLEBY, CURTIS P	NAME	OUGHTON, RON
STREET ADDRESS	5955 18TH ST N	STREET ADDRESS	5925 18TH ST NO #2
CITY-ST-ZIP	ST. PETERSBURG FL	CITY-ST-ZIP	ST PETERSBURG, FL 33714
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEHL, JACK	NAME	KISLUK, ALIN
STREET ADDRESS	5925 18TH ST N	STREET ADDRESS	5955 18TH ST NO #3
CITY-ST-ZIP	ST PETERBURG FL	CITY-ST-ZIP	ST PETERSBURG, FL 33714
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVERMORE, MARK	NAME	LEONARD, ELIZABETH
STREET ADDRESS	5925 18TH ST N	STREET ADDRESS	5955 18TH ST NO #5
CITY-ST-ZIP	ST. PETERSBURG FL	CITY-ST-ZIP	ST PETERSBURG, FL. 33714
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODES, WALTER	NAME	
STREET ADDRESS	5955 18TH ST. N.	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33747	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIRUTA, HELENA L	NAME	
STREET ADDRESS	5925 18TH ST NORTH	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Walter Rhodes DATE 2/2/06