

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90036 001 ***306.25

DOCUMENT # 712970

1. Entity Name

TOWN APARTMENTS, INC., NO. 12, A CONDOMINIUM



Principal Place of Business

1900 61ST AVE N
ST PETERSBURG FL 33714

Mailing Address

1900 61ST AVE 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

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2170975

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

RHODES, WALTER
5955 18TH STREET NORTH
SUITE 11
SAINT PETERSBURG FL 33714

Name

OUGHTON, RONALD

Street Address (P.O. Box Number is Not Acceptable)

5925 18TH ST NORTH
Suite 9

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

Ronald W. Oughton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-08

**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	P	<input type="checkbox"/> Delete
NAME	OUGHTON, RON	
STREET ADDRESS	5925 18TH STREET NORTH SUITE 2	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALBIN, TONY	
STREET ADDRESS	5955 18TH ST NORTH SUITE 10	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARKIN, KATHERINE	
STREET ADDRESS	5955 18TH ST NORTH SUITE 7	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	WISINSKI, LORI	
STREET ADDRESS	5955 18TH ST NORTH STE 15	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FIRUTA, HELENA L	
STREET ADDRESS	5925 18TH ST NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KATZ, MITCHELL	
STREET ADDRESS	5955 18TH ST NORTH SUITE 3	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUGHTON, RON	
STREET ADDRESS	5925 18TH ST NORTH SUITE # 9	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENN SMITH	
STREET ADDRESS	5925 18TH ST N. SUITE # 4	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY JEAN LIVERMORE	
STREET ADDRESS	5925 18TH ST N. SUITE # 20	
CITY-ST-ZIP	ST PETERSBURG FLA 33714	

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:

Ronald W. Oughton President

2-6-08

127-348-4884