


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 # 713318	
1. Entity Name TOWN APARTMENTS, INC., NO. 14, A CONDOMINIUM	

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

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent	
CURELL, LAWRENCE 5920 18TH ST N #17 SAINT PETERSBURG FL 33714	

7. Name and Address of New Registered Agent	
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, 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
--	---	--

10. OFFICERS AND DIRECTORS	
TITLE	PO V.P.
NAME	CURELL, LAWRENCE
STREET ADDRESS	5920 18TH ST. #17
CITY-ST-ZIP	SAINT PETERSBURG FL 33714
<input type="checkbox"/> Delete	
TITLE	D
NAME	ANGLE, GEORGE
STREET ADDRESS	5850 18TH ST. N. #9
CITY-ST-ZIP	SAINT PETERSBURG FL 33714
<input type="checkbox"/> Delete	
TITLE	PO P.D.
NAME	KLOTZ, KEN
STREET ADDRESS	5850 18TH ST N IVY 25
CITY-ST-ZIP	SAINT PETERSBURG FL 33714
<input type="checkbox"/> Delete	
TITLE	TD
NAME	O'CONNOR, PATRICK
STREET ADDRESS	5920 18TH ST. N. #20
CITY-ST-ZIP	SAINT PETERSBURG FL 33714
<input checked="" type="checkbox"/> Delete	
TITLE	D
NAME	BELLINO, MELISSA
STREET ADDRESS	5920 18TH ST. N. #24
CITY-ST-ZIP	SAINT PETERSBURG FL 33714
<input checked="" type="checkbox"/> Delete	
TITLE	SD
NAME	COURY, JANICE
STREET ADDRESS	5850 18TH ST N IVY 6
CITY-ST-ZIP	SAINT PETERSBURG FL 33714
<input checked="" type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD
NAME	Feinhals, Katherine
STREET ADDRESS	5850 18th ST #2
CITY-ST-ZIP	
<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	D
NAME	DICKENS, RAY
STREET ADDRESS	5850 18th ST #18
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	TD
NAME	Lucansky, Elaine
STREET ADDRESS	5850 18th ST #22
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	D
NAME	Nickerson, Donald
STREET ADDRESS	5850 18th ST #28
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Lawrence Curell V.P.*