


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

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90045 001 \*\*\*673.75

**DOCUMENT # 713556**  
1. Entity Name  
**TOWN APARTMENTS, INC., NO 15, A CONDOMINIUM**



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

1st MOORE      CR2E037 (10/07)

4. FEI Number      Applied For  
**71-3556621**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

Zip      Country      Zip      Country

**6. Name and Address of Current Registered Agent**  
**BURNHAM, MARCIA**  
**1900 58TH AVE N., APT #S-21**  
**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 file if applicable. (NOTE: Registered Agent signature required when constituting)      DATE \_\_\_\_\_

**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          | SD                          | <input type="checkbox"/> Delete |
| NAME           | HICKEY, SANDRA M            |                                 |
| STREET ADDRESS | 1900 58TH AVE N #10         |                                 |
| CITY-ST-ZIP    | ST PETERSBURG FL            |                                 |
| TITLE          | D                           | <input type="checkbox"/> Delete |
| NAME           | PADGETT, HUGH               |                                 |
| STREET ADDRESS | 1900 58TH AVE N #22         |                                 |
| CITY-ST-ZIP    | SAINT PETERSBURG FL 33714   |                                 |
| TITLE          | P                           | <input type="checkbox"/> Delete |
| NAME           | BURNHAM, MARCIA             |                                 |
| STREET ADDRESS | 1900 58TH AVE N., APT #S-21 |                                 |
| CITY-ST-ZIP    | SAINT PETERSBURG FL 33714   |                                 |
| TITLE          | V                           | <input type="checkbox"/> Delete |
| NAME           | MACQUARRIE, JOANNE          |                                 |
| STREET ADDRESS | 1900 58TH AVE N #23         |                                 |
| CITY-ST-ZIP    | SAINT PETERSBURG FL 33714   |                                 |
| TITLE          | D                           | <input type="checkbox"/> Delete |
| NAME           | NEIGHBORS, LOU              |                                 |
| STREET ADDRESS | 1900 58TH AVE N S-28        |                                 |
| CITY-ST-ZIP    | SAINT PETERSBURG FL 33714   |                                 |
| TITLE          | D                           | <input type="checkbox"/> Delete |
| NAME           | HICKS, ELMER                |                                 |
| STREET ADDRESS | 1900 58TH STREET N 19       |                                 |
| CITY-ST-ZIP    | ST PETERSBURG FL 33914      |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |  |   |
|----------------|--|---|
| 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          |  | <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    |  |   |

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: *Marcia M Burnham*

*1/31/08 929/522/1982*