2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714901

FILED Mar 20, 2009 Secretary of State

Entity Name: TOWN APARTMENTS, INC., NO. 18, A CONDOMINIUM

Current Principal Place of Business: New Principal Place of Business:

1900 61ST AVE NORTH ST PETERSBURG, FL 33714

Current Mailing Address: New Mailing Address:

1900 61ST AVE NORTH ST PETERSBURG, FL 33714

FEI Number: 59-2875570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WATERS, ANITA WATERS, ANITA SEC. 5825 18TH ST. N #9 5825 18TH ST. N #9

SAINT PETERSBURG, FL 33714 US SAINT PETERSBURG, FL 33714 US

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.

SIGNATURE: ANITA WATERS 03/20/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

KEPKA, EMMA KEPKA, EMMA Name: Name:

5855 19TH ST N #16 Address: 5855 19TH ST N #16 Address: City-St-Zip: SAINT PETERSBURG, FL 33714 City-St-Zip: SAINT PETERSBURG, FL 33714

Title:

Title: () Delete () Change () Addition SHANNON, VIRGINIA Name: Name:

Address: 5825 18TH ST N Address: City-St-Zip: SAINT PETERSBURG, FL 33714 City-St-Zip:

Title: () Delete Title: () Change () Addition

WATERS, ANITA Name: Name: Address: 5825 18TH ST. N, #9 Address: City-St-Zip: SAINT PETERSBURG, FL 33714 City-St-Zip:

Title: Title: TD () Delete (X) Change () Addition

Name: MALICK, ROSE Name: MALICK, ROSE Address: 5825 18TH ST N 14 Address: 5825 18TH ST N 14

City-St-Zip: SAINT PETERSBURG, FL 33714 City-St-Zip: SAINT PETERSBURG, FL 33714

Title: VΡ () Delete Title: (X) Change () Addition

PEROVIC, STANA Name: Name: SHIRLEY, JOHN 5855 18TH ST N STE 12 5825 18TH ST NO #1 Address: Address:

City-St-Zip: SAINT PETERSBURG, FL 33714 City-St-Zip: SAINT PETERSBURG, FL 33714

Title: () Delete Title: () Change () Addition

HOLLMANN, HELEN Name: Name: Address: 5815 18TH ST N STE 20 Address: SAINT PETERSBURG, FL 33714 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA WATERS SEC 03/20/2009