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Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 714902 (4)  
1. Corporation Name  
TOWN APARTMENTS, INC., NO. 17, A CONDOMINIUM



Principal Place of Business Mailing Address  
1900 61ST AVE N ST PETERSBURG FL 33714 US  
1900 61ST AVE N ST PETERSBURG FL 33714-1528 US

3. Date incorporated or Qualified 07/08/1968  
3a. Date of Last Report 02/14/1996  
4. FEI Number 59-2875625  
Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
AFFRONTI, GRACE  
1900-59TH AVE., N.#301  
ST.PETERSBURG FL 33714

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE Grace Affronti president 1/10/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, CAL	1.2 NAME	V.P BOB LOUGHNANE
STREET ADDRESS	1900-59TH AVENUE NO	1.3 STREET ADDRESS	1900 59th Ave. N
CITY-ST-ZIP	ST PETERSBURG, FL 00000	1.4 CITY-ST-ZIP	St. Petersburg, FL 33714
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AFFRONTI, GRACE	2.2 NAME	Peter KlimKowsky
STREET ADDRESS	1900-59TH AVENUE NO	2.3 STREET ADDRESS	1900 59 Ave. N
CITY-ST-ZIP	ST PETERSBURG, FL 00000	2.4 CITY-ST-ZIP	St. Petersburg, FL 33714
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDEMANN, EDWARD	3.2 NAME	
STREET ADDRESS	1900-59TH AVENUE NO	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANEY, MARY	4.2 NAME	
STREET ADDRESS	1900 59TH ST N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERIDAN, LEO	5.2 NAME	
STREET ADDRESS	1900-59TH AVENUE NO	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, VIOLET Geis	6.2 NAME	
STREET ADDRESS	1900 59 AVE NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.  
SIGNATURE: Grace Affronti (GRACE AFFRONTI) 1/10/97 813  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0051052

CR2E037 (9/96)