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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714902 (4)

1. Corporation Name
TOWN APARTMENTS, INC., NO. 17, A CONDOMINIUM



Principal Place of Business 1800 61ST AVE N ST PETERSBURG FL 33714 US	Mailing Address 1900 61ST AVE N ST PETERSBURG FL 33714 US
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3. Date Incorporated or Qualified
07/08/1968

4. FEI Number
59-2875625

Applied For	
Not Applicable	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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6. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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. City	
84. State	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* (NOTE: Registered Agent signature required when reinstating) DATE **1/20/98**

12. OFFICERS AND DIRECTORS

TITLE	VP VP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CAL	
STREET ADDRESS	1900-59TH AVENUE NO	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	AFFRONTI, GRACE	
STREET ADDRESS	1900-59TH AVENUE NO	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEIDEMANN, EDWARD	
STREET ADDRESS	1900-59TH AVENUE NO	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELANEY, MARY	
STREET ADDRESS	1900 59TH ST N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LIMKOWSKY, PETER K	
STREET ADDRESS	1900 59 AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARR, VIOLET	
STREET ADDRESS	1900 59 AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TREAS. CLIFFORD COX
1.3 STREET ADDRESS	1900 59th ST, NO
1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33714
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D EVELYN ROWAN
2.3 STREET ADDRESS	1900 59th STREET
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33714
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D. ROBERT LOUGHNAME
3.3 STREET ADDRESS	1900 59th AVE
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33714
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** DATE: **1/20/98** **5263024**

CP2E037 (10/97)