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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714902

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

Principal Place of Business 1900 61ST AVE N ST PETERSBURG FL 33714 US	Mailing Address 1900 61ST AVE N ST PETERSBURG FL 33714 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/08/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2875625
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AFFRONTI, GRACE 1900-59TH AVE., N.#301 ST.PETERSBURG FL 33714		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 - Pres.* (NOTE: Registered Agent signature required when reinstating) DATE: *1-12-99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILLIAMS, CAL		1.2 NAME Bob LOUGHMANE	
STREET ADDRESS 1900-59TH AVENUE NO		1.3 STREET ADDRESS 1900 59 AVE N # 315	
CITY-ST-ZIP ST PETERSBURG, FL 00000		1.4 CITY-ST-ZIP ST PETERSBURG FL	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AFFRONTI, GRACE		2.2 NAME	
STREET ADDRESS 1900-59TH AVENUE NO		2.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG, FL 00000		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROWAN, EVELYN		3.2 NAME	
STREET ADDRESS 1900 59TH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG, FL 00000 33714		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" 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 T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COX, CLIFFORD		5.2 NAME	
STREET ADDRESS 1900 59TH ST N		5.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG, FL 00000 33714		5.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARR, VIOLET		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 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, with all other like empowered.

SIGNATURE: *Grace Affronti* **GRACE AFFRONTI** DATE: *1-12-99* DAYTIME PHONE #: *727 526 3024*

CR2E037 (11/98)