

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90070 001 \*\*\*857.50

**DOCUMENT # 714902**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2875625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOUGHNANE, ROBERT  
1900 59TH AVE NORTH  
#119  
ST. 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	D	<input checked="" type="checkbox"/> Delete
NAME	<del>NINEBORG, FRANK</del>	
STREET ADDRESS	1900-59 AVE #312	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	T	<input type="checkbox"/> Delete
NAME	CICCO, JANET POWERS	
STREET ADDRESS	1900 59 AVE N #317	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>ELLIOTT, BOB</del>	
STREET ADDRESS	1900 59 AVE NORTH #310	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEOPOLD, ALICE J	
STREET ADDRESS	1900 59TH AVE N #306	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	V	<input type="checkbox"/> Delete
NAME	MULLERVY, MARY	
STREET ADDRESS	1900-54 AVE N. #212	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CONNOR, BARBARA ANN	
STREET ADDRESS	1900-59 AVE N #205	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, VIOLET	
STREET ADDRESS	1900-59 AVE N. # 318	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GEORGE A.	
STREET ADDRESS	1900 59 AVE N. #101	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
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: *Robert F Loughnane* ROBERT F LOUGHNANE 727-528-0849