2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714902

FILED Mar 20, 2009 Secretary of State

Entity Name: TOWN APARTMENTS, INC., NO. 17, A CONDOMINIUM

Current Principal Place of Business: New Principal Place of Business: 1900 61ST AVE N ST PETERSBURG, FL 33714 LIS **Current Mailing Address: New Mailing Address:** 1900 61ST AVE N ST PETERSBURG, FL 33714 US FEI Number: 59-2875625 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: LOUGHNANE, ROBERT LOUGHNANE, ROBERT PRES 1900 59TH AVE NORTH 1900 59TH AVE NORTH #119 #119 ST.PETERSBURG, FL 33714 US ST.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: ROBERT LOUGHNANE 03/20/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CICCO, JANET POWERS Name: Name: 1900 59 AVE N #317 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33714 City-St-Zip: Title: Title: () Delete () Change () Addition MILLER, JOAN Name: Name: Address: 1900 59 AVE NORTH SUITE 101 Address: City-St-Zip: SAINT PETERSBURG, FL 33714 City-St-Zip: Title: () Delete Title: () Change () Addition LEOPOLD, ALICE J Name: Name: 1900 59TH AVE N #306 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33714 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MULLERVY, MARY Name: Address: 1900-59TH AVE N #212 Address: City-St-Zip: SAINT PETERSBURG, FL 33714 City-St-Zip: Title: () Delete Title: (X) Change () Addition O'CONNOR, BARBAR A O'CONNOR, BARBARA A Name: Name: 1900 59 AVE #205 1900 59 AVE #205 Address: Address: SAINT PETERSBURG, FL 33714 City-St-Zip: City-St-Zip: SAINT PETERSBURG, FL 33714 Title: () Delete Title: () Change () Addition ROUSSEAU, BARBARA Name: Name: Address: 1900 59 AVE #207 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: ROBERT LOUGHNANE PRES 03/20/2009