

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90040 001 ***122.50

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1. Entity Name

TOWN APARTMENTS, INC., NO. 19, A CONDOMINIUM



Principal Place of Business

R-MOHR SR
1900 61ST AVE N
ST PETERSBURG FL 33714
US

Mailing Address

R-MOHR SR
1900 61ST AVE N
ST PETERSBURG FL 33714
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2354165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

MOHR, R SR
5915 18TH ST N
APT 4
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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	PD	<input type="checkbox"/> Delete
NAME	MOHR, ROBERT SR	
STREET ADDRESS	5915 18TH ST N #4	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALCO, SANDRA	
STREET ADDRESS	5915 18TH ST NORTH #17	
CITY - ST - ZIP	ST. PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	IMSE, ROLAND	
STREET ADDRESS	5875 18TH STREET NORTH SUITE 6	
CITY - ST - ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULREADY, MARK	
STREET ADDRESS	5875 18TH STREET NORTH SUITE 18	
CITY - ST - ZIP	SAINT PETERSBURG FL 33714	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WIESE, GUSTAS	
STREET ADDRESS	5875 18TH ST NORTH EMERALD, #1	
CITY - ST - ZIP	SAINT PETERSBURG FL 33714	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BEUKEMA, GEORGE	
STREET ADDRESS	5875 18TH ST. NORTH #4	
CITY - ST - ZIP	ST PETERSBURG FL 33714	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Picano, Joseph	
STREET ADDRESS	5895 18th St. No. #12	
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		
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 Mohr Robert Mohr 2-19-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #