


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 727290	
1. Entity Name TOWNSITE APARTMENTS XIII, INC.	

Principal Place of Business 228 N FEDERAL HWY 8 LAKE WORTH FL 33460	Mailing Address 228 N FEDERAL HWY 8 LAKE WORTH FL 33460 US
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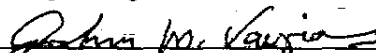
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent	
VAYIAS, JOHN M 228 N. FEDERAL HWY #6 LAKE WORTH FL 33460	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

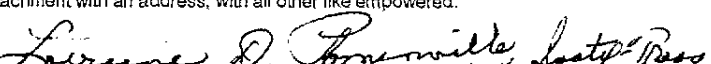
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	BRYON, ELEANOR
STREET ADDRESS	228 N. FEDERAL HWY #5
CITY- ST- ZIP	LAKE WORTH FL 33460
TITLE	<input type="checkbox"/> Delete
NAME	VAYIAS, JOHN M
STREET ADDRESS	228 N FEDERAL HWY 8
CITY- ST- ZIP	LAKE WORTH FL 33460
TITLE	<input type="checkbox"/> Delete
NAME	CIAMMETTI, JOHN
STREET ADDRESS	228 N FED HWY
CITY- ST- ZIP	LAKE WORTH FL 33460
TITLE	<input type="checkbox"/> Delete
NAME	POMINVILLE, LORRAINE
STREET ADDRESS	228 N. FEDERAL HWY
CITY- ST- ZIP	LAKEWORTH FL
TITLE	<input type="checkbox"/> Delete
NAME	KIRSTI, VOISMAA
STREET ADDRESS	228 N FEDERAL HWY
CITY- ST- ZIP	LAKE WORTH FL 33460
TITLE	<input type="checkbox"/> Delete
NAME	BRYAN, PETER
STREET ADDRESS	228 N. FEDERAL HWY #5
CITY- ST- ZIP	LAKE WORTH FL 33460

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	

U00000281828
03/31/05-80019-005 61.25

12. 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 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: 	3-29-05 561-588-0948
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>