


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

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90050 007 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-1512696				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 JOHN LAZAR Street Address (P.O. Box Number is Not Acceptable) 14 YALE DR. City LAKE WORTH FL Zip Code 33460		
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 JOHN LAZAR <i>John Lazar</i> May 1, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYON, ELEANOR 228 N. FEDERAL HWY #5 LAKE WORTH, FL 33460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAYIAS, JOHN M 228 N FEDERAL HWY 8 LAKE WORTH FL 33460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIAMMETTI, JOHN 228 N FED HWY LAKE WORTH FL 33460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POMINVILLE, LORRAINE 228 N. FEDERAL HWY LAKE WORTH FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSTI, VOISMAA 228 N FEDERAL HWY LAKE WORTH FL 33460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRYAN, PETER 228 N. FEDERAL HWY #5 LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN LAZAR 14 YALE DR LAKE WORTH, FL. 33460				

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: *Lorraine D. Pominville* **LORRAINE D. POMINVILLE** 5/1/07 315-376 6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dextine Phone #