

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90017 003 \*\*\*\*61.25

<b>DOCUMENT # 727290</b> 1. Entity Name <b>TOWNSITE APARTMENTS XIII, INC.</b>			
Principal Place of Business <b>228 N FEDERAL HWY 8</b> <b>LAKE WORTH, FL 33460</b>		Mailing Address <b>228 N FEDERAL HWY 8</b> <b>LAKE WORTH, FL 33460 US</b>	
<b>328 N. FEDERAL HWY.</b> 2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. BOX 290</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LAKE WORTH FL</b>		City & State <b>LAKE WORTH FL</b>	
Zip <b>33460</b>		Country <b>FLA BEACH</b>	
4. FEI Number <b>59-1512696</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LAZPAR, JOHN</b> <b>14 YALE DR</b> <b>LAKE WORTH, FL 33460</b>			
7. Name and Address of New Registered Agent Name <b>JOHN LAZAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>14 YALE DR.</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33460</b>			
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 <i>John Lazar</i> DATE <b>4-12-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	D BRYON, ELEANOR 228 N. FEDERAL HWY #5 LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	
TITLE	P VAYIAS, JOHN M 228 N FEDERAL HWY 8 LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	
TITLE	D CIAMMETTI, JOHN 228 N FED HWY LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	
TITLE	STD POMINVILLE, LORRAINE 228 N. FEDERAL HWY LAKE WORTH, FL	<input checked="" type="checkbox"/> Delete	
TITLE	D KIRSTI, VOISMAA 228 N FEDERAL HWY LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	
TITLE	VP LAZAR, JOHN 14 YALE DR LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	SD ELEANOR BRYAN 228 N. FEDERAL HWY #5 LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
<b>SIGNATURE:</b> <i>Eleanor Bryan, Secretary</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-12-08</b> Daytime Phone # <b>561-586-9431</b>	

**ELEANOR BRYAN**