

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90021 009 ****61.25

DOCUMENT # 728183

1. Entity Name
TOWNSITE APARTMENTS XVII, INC.



Principal Place of Business
**30 S J ST.
P O BOX 290
LAKE WORTH, FL 33460**

Mailing Address
**P.O. BOX 290
LAKE WORTH, FL 33460**



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

04072007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1521562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HELTA, ROBERT
30 S. J STREET APT 3
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing 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
NAME HELTA, ROBERT ☐ Delete
STREET ADDRESS 30 SOUTH J STREET, #3
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE SD
NAME LESNIK, PAUL ☐ Delete
STREET ADDRESS 30 S J ST #14
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE VD
NAME LESNIK, CAROL ☐ Delete
STREET ADDRESS 30 S J ST 4
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE T
NAME HAUER, WILLIAM ☐ Delete
STREET ADDRESS 30 S J ST 9
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE T
NAME PIRRA, PETER ☐ Delete
STREET ADDRESS 1732 FARMINGTON CIR
CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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.

SIGNATURE:

Robert Helta, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT HELTA

Date

Daytime Phone #

4-9-07 541-584-9830