

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90292 015 ****61.25

DOCUMENT # 729046 1. Entity Name TOWNSITE APARTMENTS XV, INC.					
Principal Place of Business 222 N FEDERAL HIGHWAY LAKE WORTH, FL 33460				Mailing Address P.O. BOX 290 LAKE WORTH, FL 33460	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1516028	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TIPPETT, ED 222 N FEDERAL HIGHWAY APT #6 LAKE WORTH, FL 33460				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VTD	<input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLEGROVE, SAMUEL V		NAME	COLEGROVE, SAMUEL V.	
STREET ADDRESS	222 N FED HWY		STREET ADDRESS	222 N. FEDERAL HWY. #2	
CITY-ST-ZIP	LAKE WORTH, FL		CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLEGROVE, BEVERLY H		NAME	SPEZIALE, MARILYN	
STREET ADDRESS	222 N FED HWY		STREET ADDRESS	1025 S. FEDERAL HWY. #3	
CITY-ST-ZIP	LAKE WORTH, FL		CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CIAMMETTI, JOHN		NAME		
STREET ADDRESS	222 N FEDERAL HWY		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	TIPPETT, ED	
STREET ADDRESS			STREET ADDRESS	222 N. FEDERAL HWY. #2	
CITY-ST-ZIP			CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	CIAMMETTI, JOHN	
STREET ADDRESS			STREET ADDRESS	222 N. FEDERAL HWY. #4	
CITY-ST-ZIP			CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>John Ciammetti</u> JOHN CIAMMETTI			4/25/05 516-968-2066 Date Daytime Phone #		