

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		4. FEI Number 59-1516028	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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		
			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 _____ <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	COLEGROVE, SAMUEL V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEGROVE, SAMUEL V		NAME	222 N. FEDERAL HWY. #2	
STREET ADDRESS	222 N FED HWY		STREET ADDRESS	LAKE WORTH FL 33460	
CITY-ST-ZIP	LAKE WORTH, FL		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SPEZIALE, MARILYN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLEGROVE, BEVERLY H		NAME	1025 S. FEDERAL HWY. #3	
STREET ADDRESS	222 N FED HWY		STREET ADDRESS	LAKE WORTH FL 33460	
CITY-ST-ZIP	LAKE WORTH, FL		CITY-ST-ZIP		
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 TIPPETT, ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	222 N. FEDERAL HWY. #6	
STREET ADDRESS			STREET ADDRESS	LAKE WORTH FL 33460	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	CIAMMETTI, JOLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	222 N. FEDERAL HWY. #4	
STREET ADDRESS			STREET ADDRESS	LAKE WORTH FL 33460	
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>John Ciammetti</i>		4/25/05		516-968-2066	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>JOHN CIAMMETTI,</i>		Date		Daytime Phone #	