

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

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

04-12-2007 90022 046 \*\*\*\*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**

**DO NOT WRITE IN THIS SPACE**



04072007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1516028**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TIPPETT, ED  
222 N FEDERAL HIGHWAY  
APT #6  
LAKE WORTH, FL 33460**

**DO NOT WRITE  
IN THIS SPACE**

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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COLEGROVE, SAMUEL V 222 N. FEDERAL HWY #2 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V SPEZIALE, MARILYN 1025 S. FEDERAL HWY. #3 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CIAMMETTI, JOHN 222 N FEDERAL HWY LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD TIPPETT, ED 222 N. FEDERAL HWY. #6 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CIAMMETTI, IOLE 222 N. FEDERAL HWY. #4 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*John Ciammetti, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-07 361-968-2066

*JOHN CIAMMETTI*