


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90168 039 ****61.25

DOCUMENT # 729114 1. Entity Name DOWNS TOWN APARTMENTS, INC.					
Principal Place of Business 333-351 8TH AVE S NAPLES, FL 34102 US			Mailing Address 792 94 AVE N NAPLES, FL 34108 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1578990	
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	
PUTMAN, DAVID C/O PUTMAN MGMT NAPLES, FL 34108				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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	DVP	<input type="checkbox"/> Delete			
NAME	DE MARIA, MARGARET				
STREET ADDRESS	134-04 CRONSTON AVE				
CITY-ST-ZIP	BELLE HARBOUR, NY				
TITLE	DP	<input type="checkbox"/> Delete			
NAME	RUSSUM, LEONARD				
STREET ADDRESS	1216 FOX GLOVE DR				
CITY-ST-ZIP	BATAVIA, IL 60510				
TITLE	DST	<input type="checkbox"/> Delete			
NAME	DENNEY, RENEE				
STREET ADDRESS	207 29TH AVE N				
CITY-ST-ZIP	NASHVILLE, TN 37203				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
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: <i>Leonard W. Russum</i>		Date: <i>April 26, 2006</i>		Daytime Phone #: <i>(630) 879-4337</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	