


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90012 027 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

40108124



04242007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-1578990

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PUTMAN, DAVID
 C/O PUTMAN MGMT
 NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name
 PUTNAM, DAVID

Street Address (P.O. Box Number is Not Acceptable)
 792 94 AVE. N.

City
 NAPLES FL Zip Code
 34108

Spelling Address

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 David Putnam DAVID PUTNAM MGMT. 4/24/07

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP DE MARIA, MARGARET 134-04 CRONSTON AVE BELLE HARBOUR, NY <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP <input checked="" type="checkbox"/> Delete RUSSUM, LEONARD 1216 FOX GLOVE DR BATAVIA, IL 60510 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST <input type="checkbox"/> Delete DENNEY, RENEE 207 29TH AVE N NASHVILLE, TN 37203 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP SEIFERT, MAX ALLEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1917 MIDDLE WOODS COURT HIGH POINT, N.C. 27265 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Margaret De Maria Margaret De Maria 4-21-07 239 4133017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #