


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 729743

1. Entity Name
 TOWNSITE APARTMENTS XVI, INC.



Principal Place of Business Mailing Address

C/O ISABELL PROPERTY MANAGEMENT 11 N J ST STE 3
 11 N J ST STE 3 LAKE WORTH, FL 33460 US
 LAKE WORTH, FL 33460 US

DO NOT WRITE IN THIS SPACE



02252005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-1569818 Not Applicable

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

6. Name and Address of Current Registered Agent

ISABELL, SANDRA M.
 11 N J ST STE 3
 LAKE WORTH, FL 33460

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1100000307686
 04/15/05-80064-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	DELAUNAY, ALAN J
STREET ADDRESS	216 N. FEDERAL HWY 8
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	TD
NAME	HOWARD, BARBARA
STREET ADDRESS	323 FAIRWAY COURT
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	VPD
NAME	SUFFOLETTA, JOHN
STREET ADDRESS	184 TUTOR BLVD.
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4/12/05 561-533-6133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #