

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 729743</b> 1. Entity Name TOWNSITE APARTMENTS XVI, INC.	
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Principal Place of Business C/O ISABELL PROPERTY MANAGEMENT 11 N J ST STE 3 LAKE WORTH, FL 33460 US	Mailing Address 11 N J ST STE 3 LAKE WORTH, FL 33460 US
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**DO NOT WRITE IN THIS SPACE**



02162007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1569818</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

ISABELL, SANDRA M.  
11 N J ST STE 3  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25**  
**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	PDS DELAUNAY, ALAN J 216 N. FEDERAL HWY 8 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCLEAN, DIANE 216 N. FEDERAL HWY #1 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUFFOLETTA, JOHN 184 TUTOR BLVD. LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000691976  
 04/13/07-80032-018 61.25

**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:**  \_\_\_\_\_  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_