

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729743

FILED  
Mar 28, 2008  
Secretary of State

Entity Name: TOWNSITE APARTMENTS XVI, INC.

**Current Principal Place of Business:**

C/O ISABELL PROPERTY MANAGEMENT  
11 N J ST STE 2  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ISABELL PROPERTY MANAGEMENT  
11 N J ST STE 2  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

FEI Number: 59-1569818      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ISABELL, SANDRA M.  
11 N J ST STE 2  
LAKE WORTH, FL 33460 US

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.

SIGNATURE: \_\_\_\_\_ Date: 03/28/2008  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: PDS ( ) Delete  
Name: DELAUNAY, ALAN J  
Address: 216 N. FEDERAL HWY 8  
City-St-Zip: LAKE WORTH, FL 33460

Title: T ( ) Delete  
Name: MCLEAN, DIANE  
Address: 216 N. FEDERAL HWY #1  
City-St-Zip: LAKE WORTH, FL 33460

Title: VPD ( ) Delete  
Name: SUFFOLETTA, JOHN  
Address: 184 TUTOR BLVD.  
City-St-Zip: LAKE WORTH, FL 33462

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDS (X) Change ( ) Addition  
Name: DELAUNAY, ALAN J  
Address: 216 N. FEDERAL HWY 8  
City-St-Zip: LAKE WORTH, FL 33460

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA M. ISABELL      RA      Date: 03/28/2008  
Electronic Signature of Signing Officer or Director