

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90040 001 \*\*\*122.50

**DOCUMENT # N14317**

1. Entity Name

**THE UNITED ASSOCIATIONS OF TOWN APARTMENTS  
NORTH, INC.**



Principal Place of Business

Mailing Address

**1900 61ST AVE NO.  
SAINT PETERSBURG FL 33714**

**1900 61ST AVE NO.  
SAINT PETERSBURG FL 33714**

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

4. FEI Number

**59-2663605**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZACUR, RICHARD A.  
5200 CENTRAL AVE.  
ST. PETERSBURG FL 33707**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

TITLE: **SD** ☐ Delete  
NAME: **LAURITSEN, VIRGINIA**  
STREET ADDRESS: **HI 5850 21ST STREET NO**  
CITY- ST- ZIP: **ST. PETERSBURG FL**

TITLE: **PD** ☐ Delete  
NAME: **LOUGHNANE, ROBERT**  
STREET ADDRESS: **1900 59TH AVE NO**  
CITY- ST- ZIP: **SAINT PETERSBURG FL 33714**

TITLE: **TD** ☐ Delete  
NAME: **NOLAN, BERNADETTE**  
STREET ADDRESS: **5970 21ST ST NO**  
CITY- ST- ZIP: **SAINT PETERSBURG FL 33714**

TITLE: **VD** ☒ Delete  
NAME: **STEPHENS, JAMES**  
STREET ADDRESS: **1950 58TH AVE NORTH**  
CITY- ST- ZIP: **SAINT PETERSBURG FL 33714**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Change ☒ Addition  
NAME: **VP ROSAR, CARL**  
STREET ADDRESS: **1950 59TH AVENUE #101**  
CITY- ST- ZIP: **ST PETERSBURG, FL. 33714**

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
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 Section 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:

*Robert F. Loughnane Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-15-07**

Date

Daytime Phone #