

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90041 035 ****61.25

DOCUMENT # N14317

1. Entity Name

THE UNITED ASSOCIATIONS OF TOWN APARTMENTS
NORTH, INC.



Principal Place of Business

1900 61ST AVE NO.
SAINT PETERSBURG FL 33714

Mailing Address

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

1st MOORE

CR2E037 (10/07)

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

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

7. Name and Address of New Registered Agent

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, 2008

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 NAME	SD LAURITSEN, VIRGINIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	HI 5850 21ST STREET NO	
CITY- ST- ZIP	ST. PETERSBURG FL	
TITLE NAME	PD LOUGHNANE, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	1900 59TH AVE NO	
CITY- ST- ZIP	SAINT PETERSBURG FL 33714	
TITLE NAME	TD NOLAN, BERNADETTE	<input type="checkbox"/> Delete
STREET ADDRESS	5970 21ST ST NO #9	
CITY- ST- ZIP	SAINT PETERSBURG FL 33714	
TITLE NAME	VD STEPHENS, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1950 58TH AVE NORTH	
CITY- ST- ZIP	SAINT PETERSBURG FL 33714	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SEC MARK MULREADY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5875 18TH ST NO #18	
CITY- ST- ZIP	ST PETERSBURG, FL 33714	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME	TREASURER SUSAN BUSH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2050 58TH AVE NO #6	
CITY- ST- ZIP	ST PETERSBURG, FL 33714	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

3/17/08