

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 714902

Entity Name: TOWN APARTMENTS,INC., NO. 17, A CONDOMINIUM

FILED
Sep 20, 2023
Secretary of State
8241848134CC

Current Principal Place of Business:

C/O ASSOCIA GULF COAST
9887 4TH STREET N SUITE 104
ST PETERSBURG, FL 33702

Current Mailing Address:

C/O ASSOCIA GULF COAST
9887 4TH STREET N SUITE 104
ST PETERSBURG, FL 33702 US

FEI Number: 59-2875625

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST
1900 59TH AVENUE NORTH #210
ST PETERSBURG, FL 33714 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: ANNETTE BYRD

09/20/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ALLARD, EDDY
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET N SUITE 104
City-State-Zip: ST PETERSBURG FL 33702

Title VP
Name HALL, ELLEN
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET N SUITE 104
City-State-Zip: ST PETERSBURG FL 33702

Title TREASURER
Name LEROUX, TONI
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET N SUITE 104
City-State-Zip: ST PETERSBURG FL 33702

Title SECRETARY
Name CHAPLE, KARALYN
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET N SUITE 104
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR
Name KECMAN, SALLY
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET N SUITE 104
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR
Name NINEDORF, JAMES
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET N SUITE 104
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR
Name CRANE, NEIL
Address C/O ASSOCIA GULF COAST
 9887 4TH STREET N SUITE 104
City-State-Zip: ST PETERSBURG FL 33702

I hereby 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 all other like empowered.

SIGNATURE: ALLARD , EDDY

PRESIDENT

09/20/2023

Electronic Signature of Signing Officer/Director Detail

Date