

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714902

**FILED
Jan 16, 2014
Secretary of State
CC6968588058**

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

Current Principal Place of Business:

1900 61ST AVE N
ST PETERSBURG, FL 33714

Current Mailing Address:

1900 61ST AVE N
ST PETERSBURG, FL 33714 US

FEI Number: 59-2875625

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEOPOLD, ALICE PRES
1900 59TH AVE NORTH
#306
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name LOUGHNANE, EVELYN
Address 1900 59 AVE N #119
City-State-Zip: SAINT PETERSBURG FL 33714

Title STD
Name MILLER, JOAN
Address 1900 59 AVE NORTH SUITE 101
City-State-Zip: SAINT PETERSBURG FL 33714

Title D
Name WISNIEWSKI, SALLY
Address 1900 59TH AVE N #114
City-State-Zip: SAINT PETERSBURG FL 33714

Title D/VP
Name KNEIB, THOMAS J
Address 1900-59TH AVE N #316
City-State-Zip: SAINT PETERSBURG FL 33714

Title D
Name NINEDORFI, JAMES
Address 1900 59 AVE #301
City-State-Zip: SAINT PETERSBURG FL 33714

Title D
Name LOUGHNANE, HELEN
Address 1900 59 AVE #119
City-State-Zip: SAINT PETERSBURG FL 33714

Title PRESIDENT/DIR
Name LEOPOLD, ALICE J
Address 1900 59TH AVE NO #306
City-State-Zip: ST PETERSBURG FL

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: ALICE LEOPOLD

PRESIDENT

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date