

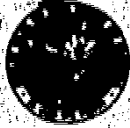
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Moriharn
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 723554 (2)

**1. Corporation Name
FIVE TOWNS OF ST. PETERSBURG, NO. 300, INC.**

Principal Place of Business
5530 80TH ST NORTH
ST. PETERSBURG FL 33709

Mailing Address
5530 80TH ST NORTH
ST. PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 05/30/1972 | 3a. Date of Last Report 03/29/1994 |
| 4. FEI Number 59-1979333 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---------------------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 8141 54 th AVE. N. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 ST. PETE FL |
| Zip | Country |
| 24 | 29 33709 30 PINELLAS |

9. Name and Address of Current Registered Agent

MORTEN, SHARON J
5530 80TH STREET N.
A-104
ST PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name
WARREN SCHOB 410 PROPERTY ASSET MGMT.

82 Street Address (P.O. Box Number is Not Acceptable)
8141 54th AVE. N.

83

84 City
ST. PETE

85 Zip Code
FL 33709

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Warren J. Schob* **WARREN J. SCHOB** **4-11-95**
Signature of New or Elected Registered Agent and Title if Applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | | |
|-------------------------------------|------------------------|---------------------------|-------------------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| <input checked="" type="checkbox"/> | BUCKBOROUGH, DIXIE L | 5530 80 ST N B304 | ST. PETERSBURG FL |
| <input checked="" type="checkbox"/> | VP WIGHT, JEANNETTE | 5530 80TH STREET N B-107 | ST. PETERSBURG FL |
| <input checked="" type="checkbox"/> | SD MALONE, MELBA | 5530 80TH STREET N. C-107 | ST PETERSBURG, FL 00000 |
| <input checked="" type="checkbox"/> | TD MCGHEE, MARY L | 5530 80TH STREET N. A-108 | ST. PETERSBURG FL |
| <input checked="" type="checkbox"/> | HAYES, CHARLOTTE | 5530 80 ST N B205 | ST. PETERSBURG FL |
| <input checked="" type="checkbox"/> | D PEARSON, CLARA | 5530 80 ST N B205 | ST PETERSBURG FL 00000 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|------------------|-----------------|---------------------------|------------------------|---|
| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D | | | | |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | Dolores Welch | 5530 80th St N C 107 | ST. PETERSBURG, FL | |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| P | | | | |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Lou McGhee* **TREASURER** **4/11/95 813-544-5780**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)