

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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: **8141 54TH AVENUE NORTH ST. PETERSBURG FL 33709 US**

3. Date Incorporated or Qualified: **05/30/1972**
3a. Date of Last Report: **04/19/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc. <i>B100e</i>	26. Suite, Apt. #, etc.	59-1979333	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHOB, WARREN C/O PROPERTY ASSET MANAGEMENT 8141 54TH AVENUE NORTH ST PETERSBURG FL 33709	81 Name: Andrea Gennari 82 Street Address (P.O. Box Number is Not Acceptable): 83 84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Andrea Gennari* (NOTE: Registered Agent signature required when registering) DATE: **1/29/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE	NAME: BUCKBOROUGH, DIXIE L	11 TITLE: S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 5530 80 ST N B304	CITY-ST-ZIP: ST. PETERSBURG FL	12 NAME:	
		13 STREET ADDRESS:	
		14 CITY-ST-ZIP:	
TITLE: VP <input type="checkbox"/> DELETE	NAME: WELCH, DOLORES	21 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 5530 80TH ST. NORTH	CITY-ST-ZIP: ST. PETERSBURG FL	22 NAME:	
		23 STREET ADDRESS:	
		24 CITY-ST-ZIP:	
TITLE: SD <input checked="" type="checkbox"/> DELETE	NAME: MALONE, MELBA	31 TITLE: P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 5530 80TH STREET N. C-107	CITY-ST-ZIP: ST PETERSBURG, FL 00000	32 NAME: LARRY WILLOWS	
		33 STREET ADDRESS: 5530 80th St. N. B100e	
		34 CITY-ST-ZIP: St. Petersburg FL	
TITLE: TD <input type="checkbox"/> DELETE	NAME: MCGHEE, MARY L	41 TITLE: T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 5530 80TH STREET N. A-108	CITY-ST-ZIP: ST. PETERSBURG FL	42 NAME:	
		43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	
TITLE: P <input checked="" type="checkbox"/> DELETE	NAME: HAYES, CHARLOTTE	51 TITLE: VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 5530 80 ST N B205	CITY-ST-ZIP: ST. PETERSBURG FL	52 NAME: Lynn Vencis	
		53 STREET ADDRESS: 5530 80th St. N. AZ02	
		54 CITY-ST-ZIP: St. Petersburg FL	
TITLE: <input type="checkbox"/> DELETE	NAME:	61 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS:		62 NAME: Amabeke manuh	
CITY-ST-ZIP:		63 STREET ADDRESS: 5530 80th St. N. D306	
		64 CITY-ST-ZIP: St. Petersburg FL	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lawrence Willows Pres.* DATE: **1/26/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **LAWRENCE WILLOWS** Daytime Phone #

CR2E037 (12/95)