

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 13 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 STREET NORTH SUITE 8106 ST. PETERSBURG FL 33709 US**

Mailing Address: **8141 54TH AVENUE NORTH ST. PETERSBURG FL 33709 US**

3. Date Incorporated or Qualified: **05/30/1972**

4. FEI Number: **59-1979333**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**MOTT, SUSAN  
C/O PROPERTY ASSET MANAGEMENT  
8141 54TH AVE N  
ST PETERSBURG FL 33709**

10. Name and Address of New Registered Agent  
81 Name: **LYN SORENSEN**  
82 Street Address (P.O. Box Number is Not Acceptable): **8141 54th AVENUE N**  
83  
84 City: **ST. PETERSBURG** FL 85 Zip Code: **33709**

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **1-20-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BUCKBOROUGH, DIXIE L</b>	
STREET ADDRESS	<b>5530 80 ST N B304</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WELCH, DOLORES</b>	
STREET ADDRESS	<b>5530 80TH ST. NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILLOWS, LARRY</b>	
STREET ADDRESS	<b>5530 80TH STREET NORTH SUITE B106</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCGHEE, MARY L</b>	
STREET ADDRESS	<b>5530 80TH STREET N. A-108</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAYES, CHARLOTTE</b>	
STREET ADDRESS	<b>5530 80TH ST N B205</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MANUTI, ANNABELE</b>	
STREET ADDRESS	<b>5530 80TH STREET NORTH SUITE D306</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JEFF SWEENEY</b>
2.3 STREET ADDRESS	<b>5501 80th STREET N., #B208</b>
2.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33709</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>LARRY WILLOWS</b>
3.3 STREET ADDRESS	<b>5530 80th STREET N., #B106</b>
3.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33709</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MARY L MCGHEE</b>
4.3 STREET ADDRESS	<b>5530 80th STREET N., #A108</b>
4.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33709</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>JOHN BARNES</b>
5.3 STREET ADDRESS	<b>5530 80th STREET N., #B103</b>
5.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33709</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>CHRIS MORRA</b>
6.3 STREET ADDRESS	<b>5530 80th STREET N., #A105</b>
6.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL. 33709</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE: **3/10/98**

CP2E037 (10/97)