


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90197 034 ****61.25

0053091

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 723554

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
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/30/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1979333
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent

SORENSEN, LYN
8141 54TH AVENUE N
8141 54TH AVE N
ST PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name	
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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **1-12-99**

12. OFFICERS AND DIRECTORS

TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	BUCKBOROUGH, DIXIE L
STREET ADDRESS	5530 80 ST N B304
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	SWEENEY, JEFF
STREET ADDRESS	5501 80TH STREET N., #B208
CITY-ST-ZIP	ST PETERSBURG FL 33709
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILLOWS, LARRY
STREET ADDRESS	5530 80TH STREET N., #B106
CITY-ST-ZIP	ST PETERSBURG FL 33709
TITLE	P <input type="checkbox"/> DELETE
NAME	MCGHEE, MARY L.
STREET ADDRESS	5530 80TH STREET N., #A108
CITY-ST-ZIP	ST PETERSBURG FL 33709
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	BARNES, JOHN
STREET ADDRESS	5530 80TH STREET N., #B103
CITY-ST-ZIP	ST. PETERSBURG FL 33709
TITLE	D <input type="checkbox"/> DELETE
NAME	MORRA, CHRIS
STREET ADDRESS	5530 80TH STREET N., #A105
CITY-ST-ZIP	ST PETERSBURG FL 33709

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCHELLENBACH, RICK
1.3 STREET ADDRESS	5530 80th ST. N., #C103
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709
2.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARNES, JOHN
2.3 STREET ADDRESS	5530 80th STREET N., #B103
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709
3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SWEENEY, JEFF
3.3 STREET ADDRESS	5530 80th ST. N., #B203
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MANUEL ANTUNES
5.3 STREET ADDRESS	5530 80th ST. N., #B105
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Mary Lou McGhee* **RECORDED** *Mary Lou McGhee* 1/13/99 727-540-5780

CR2E037 (11/98)