


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90112 028 ****61.25

| | | | | | |
|--|----------------------------|--|---|---|--|
| DOCUMENT # 723554 | | | |  | |
| 1. Entity Name FIVE TOWNS OF ST. PETERSBURG, NO. 300, INC. | | | | | |
| Principal Place of Business 5530 80TH STREET NORTH SUITE B106 ST. PETERSBURG, FL 33709 US | | Mailing Address 8141 54TH AVENUE NORTH ST. PETERSBURG, FL 33709 US | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1979333 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| FOLEY, SEAN M 8141 54TH AVE. N. SAINT PETERSBURG, FL 33709 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LACY, ANN | | NAME | | |
| STREET ADDRESS | 5530 80TH ST. N. #C307 | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33709 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MORRA, SHIRLEY | | NAME | | |
| STREET ADDRESS | 5530 80TH ST. N. #A105 | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33709 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MCGHEE, MARY LOU | | NAME | | |
| STREET ADDRESS | 5530 80TH STREET N., #A108 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33709 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ANTUNES, MANUEL | | NAME | | |
| STREET ADDRESS | 5530 80TH ST. N. #B105 | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33709 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | MORRA, CHRIS | | NAME | Director | |
| STREET ADDRESS | 5530 80TH STREET N., #A105 | | STREET ADDRESS | Sweeney, Jeffrey | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33709 | | CITY-ST-ZIP | 5530 - 80th Street N. B203 | |
| | | | | St. Petersburg, FL 33709 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | Vice Pres | <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Barbara Barnes | |
| STREET ADDRESS | | | STREET ADDRESS | 5530 80th Street B103 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | St. Petersburg FL 33709 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Mary Lou McGhee</i> <i>Mary Lou McGhee</i> | | | Date: <i>1/22/07</i> | | Daytime Phone #: <i>727-544-5780</i> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |