


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90041 017 ****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		
Zip	Country	Zip	Country	4. FEI Number 59-1979333	
				Applied For Not Applicable	
				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGHEE, MARY LOU		NAME	BARNES, BARBARA	
STREET ADDRESS	5530 80TH STREET N., #A108		STREET ADDRESS	5530-80 ST N. #B103	
CITY-ST-ZIP	ST PETERSBURG, FL 33709		CITY-ST-ZIP	ST PETERSBURG FL 33709	
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 type="checkbox"/> Addition
NAME	MORRA, CHRIS		NAME		
STREET ADDRESS	5530 80TH STREET N., #A105		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	SWEENEY, JEFFREY		NAME		
STREET ADDRESS	5530 80TH STREET N. B203		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP		
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>Barbara A. Barnes</i> (727) 547-8948 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: BARBARA A. BARNES DATE: 1/15/08 Daytime Phone #					

40005030



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