


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90322 012 ****61.25

DOCUMENT # 726343 1. Entity Name FIVE TOWNS OF ST. PETERSBURG, NO. 303, INC., A CONDOMINIUM					
Principal Place of Business 5750 80 ST. N. ST. PETERSBURG FL 33709-5854		Mailing Address 5750 80TH ST N ST PETERSBURG FL 33709 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1902184	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, JOSEPH A 5750 80 ST NO. B301 SAINT PETERSBURG FL 33709				7. Name and Address of New Registered Agent Name: Kappan, Dorothy Street Address (P.O. Box Number is Not Acceptable) 5750 80th St. N A202 City: St. Petersburg FL Zip Code: 33709	
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: Dorothy Kappan (Treasurer) <i>Dorothy Kappan (TD)</i> April 2, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD REHANDORF, POWELL <input checked="" type="checkbox"/> Delete 5750 80TH ST. NO. B108 SAINT PETERSBURG FL 33709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sylvia McNally 5750 80th St. No. A304 St. Petersburg, FL 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Delete KAPPAN, DOROTHY 5750 80TH ST. NO. A202 SAINT PETERSBURG FL 33709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Palazzolo, Dennis 5750 80th St. NO. D308 St. Petersburg, FL 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete CORNER, ELIZABETH 5750 80TH ST. NO. D108 SAINT PETERSBURG FL 33709		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HARMAN, JANE 5750 80TH ST. NO. A308 SAINT PETERSBURG FL 33709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jennings, Janet 5750 80th St.No. A205 St. Petersburg, FL 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MOHER, MARY 5750 80TH ST. NO. D203 SAINT PETERSBURG FL 33709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bailey, Marilyn 5750 80th St. No. B103 St. Petersburg, FL 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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>Dorothy Kappan (TD)</i> Dorothy Kappan (TD) 4-2-04 (727)544-3613 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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MOORE CR2E037 (11/03)