

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90169 017 \*\*\*\*61.25

<b>DOCUMENT # 726343</b> 1. Entity Name <b>FIVE TOWNS OF ST. PETERSBURG, NO. 303, INC., A CONDOMINIUM</b>					
Principal Place of Business <b>5750 80 ST. N. ST. PETERSBURG, FL 33709-5854</b>				Mailing Address <b>5750 80TH ST N ST PETERSBURG, FL 33709 US</b>	
2. Principal Place of Business <b>147 N. Belcher Rd</b>		3. Mailing Address <b>147 N. Belcher</b>		<b>50047584</b> 	
Suite, Apt. #, etc. <b>Suite 2</b>		Suite, Apt. #, etc. <b>Suite 2</b>		04272005 Chg-NP CR2E037 (10/03)	
City & State <b>Largo, FL</b>		City & State <b>Largo, FL</b>		4. FEI Number <b>59-1902184</b>	
Zip <b>33771</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KAPPAH, DOROTHY 5750 80TH ST N A202 SAINT PETERSBURG, FL 33709</b>				7. Name and Address of New Registered Agent Name <b>Brian P. Buxton, Buxton Prop.</b> Street Address (P.O. Box Number is Not Acceptable) <b>147 N. Belcher Rd.</b> City <b>Largo</b> FL Zip Code <b>33771</b>	
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 <b>BRIAN P. Buxton</b> <span style="float: right;">4-26-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNALLY, SYLVIA 5750 80TH ST N A304 SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALAZZOLO, DENNIS 5750 80TH ST N D308 SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORSNER, ELIZABETH 5750 80TH ST. NO. D108 SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, JANET 5750 80TH ST N A205 SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, MARILYN 5750 80TH ST N B103 SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <b>BRIAN P. Buxton</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>					
				Date _____ Daytime Phone # _____	