


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90077 043 \*\*\*\*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 5750 80TH ST N ST PETERSBURG, FL 33709 FL			Mailing Address 5750 80TH ST N 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		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FIVE TOWNS OF ST PETERSBURG #303, INC. 5750 80TH ST N ST PETERSBURG, FL 33709			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNALLY, SYLVIA <input checked="" type="checkbox"/> Delete 5750 80TH ST N A304 SAINT PETERSBURG, FL 33709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAFFENROTH, MARY JANE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5750 80TH ST N, D-302 ST PETERSBURG, FL 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAFFENROTH, MARY JANE <input checked="" type="checkbox"/> Delete 5750 80TH ST. N., D-302 SAINT PETERSBURG, FL 33709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCARPA, RAYMOND <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5750 80TH ST N, D-201 ST PETERSBURG, FL 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARPA, RAYMOND <input checked="" type="checkbox"/> Delete 5750 80TH ST N., D-201 SAINT PETERSBURG, FL 33709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDITH J. HOESLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5750 80TH ST N, A-104 ST PETERSBURG, FL 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENNINGS, JANET <input checked="" type="checkbox"/> Delete 5750 80TH ST N A205 SAINT PETERSBURG, FL 33709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ELSIE V. MIZIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5750 80TH ST N, C-304 ST PETERSBURG, FL 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REHANDORF, RANDY <input type="checkbox"/> Delete 5750 80TH ST N., B-108 SAINT PETERSBURG, FL 33709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REHANDORF, RANDY <input type="checkbox"/> Change <input type="checkbox"/> Addition 5750 80TH ST N, B-108 ST PETERSBURG, FL 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPPAN, DOROTHY <input checked="" type="checkbox"/> Delete 5750 80TH ST N A 202 ST PETERSBURG, FL 33709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZELL, PHILIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5750 80TH ST N, B-203 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.					
<b>SIGNATURE:</b> <i>Elsie V. Mizia</i> <b>ELSIE V. MIZIA, TREASURER</b> 4-5-07 727-545-4311 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					