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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **729747** **(6)**

1. Corporation Name

FIVE TOWNS OF ST. PETERSBURG, NO. 305, INC.

Principal Place of Business	Mailing Address
5603 80TH ST. N. APT. 401 ST PETERSBURG FL 33709	8141 54TH AVE NORTH ST PETERSBURG FL 33709-7054 US

3. Date Incorporated or Qualified: **05/23/1974**
3a. Date of Last Report: **03/21/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **59-2008957** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GENNARI, ANDREA
8141 54TH AVE. N.
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name: SUSAN HIOTT
82 Street Address (P.O. Box Number is Not Acceptable): c/o PROPERTY ASSET MANAGEMENT
83: 8141 54th AVENUE N
84 City: ST. PETERSBURG **FL** 85 Zip Code: 33709

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Susan Hiott Community Mgr/agent 3-10-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOLCOTT, EVELYN 5603 80TH ST. N. #205 ST.PETERSBURG FL 33709	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD CHARLES HERSHMAN 5603 80th ST N., #401 ST. PETERSBURG, FL. 33709	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NEWCOMBE, DELLA 5603 80TH ST. N. #315 ST. PETERSBURG FL 33709	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP JOE BORRADAILE 5603 80th STREET N., #412 ST. PETERSBURG, FL. 33709	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JACKSON, RUTH 5603 80TH ST. N. #105 ST. PETERSBURG FL 33709	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD EDITH "DEE" GRADY 5603 80th STREET N., #211 ST. PETERSBURG, FL. 33709	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHARF, GRACE 5603 80TH ST. N. #404 ST. PETERSBURG FL 33709	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T EVELYN WOLCOTT 5603 80th STREET N., #206 ST. PETERSBURG, FL. 33709	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIGLER, PHYLLIS 5603 80TH ST. N. #314 ST. PETERSBURG FL 33709	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D WILLIAM HUST 5603 80th STREET N., #408 ST. PETERSBURG, FL. 33709	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles O. Hershman SIGNATURE REQUIRED 1/21/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0050655