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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 US

3. Date Incorporated or Qualified: 05/23/1974

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

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

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HIOTT, SUSAN
C/O PROPERTY ASSET MANAGEMENT
8141 54TH AVE N
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name: LYN SORENSEN
82 Street Address (P.O. Box Number is Not Acceptable): 8141 54th AVENUE N
83
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 _____ 1-20-98
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HERSHMAN, CHARLES		1.2 NAME		
STREET ADDRESS	5603 80TH ST N., #401		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST.PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BORRADAILE, JOE		2.2 NAME		
STREET ADDRESS	5603 80TH ST N., #412		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	GRADY, EDITH "DEE"		3.2 NAME	ANNA HAWK	
STREET ADDRESS	5603 80TH ST N., #211		3.3 STREET ADDRESS	5603 80th STREET N., #202	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709	
TITLE	T	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	WOLCOTT, EVELYN		4.2 NAME	JOHN GURJACK	
STREET ADDRESS	5603 80TH ST N., #206		4.3 STREET ADDRESS	5603 80th STREET N, #204	
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUST, WILLIAM		5.2 NAME		
STREET ADDRESS	5603 80TH ST N., #408		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 HERSHMAN President 1/20/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #