

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90010 020 \*\*\*\*61.25

DOCUMENT # **745478**

1. Entity Name

**THE TOWNHOMES OF LAKE SEMINOLE PROPERTY OWNERS A**

Principal Place of Business

**147 BELCHER RD.  
 SUITE #2  
 LARGO FL 34641  
 US**

Mailing Address

**147 BELCHER RD.  
 SUITE 2  
 LARGO FL 34641  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1875197**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUXTON PROPERTIES, INC.  
 147 BELCHER RD. SUITE #2  
 LARGO FL 34641**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HERDLISKA, LINDA</b> <b>9209 SEMINOLE BLVD. #28</b> <b>SEMINOLE FL 33772</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MACGREGOR, GAYLE</b> <b>9209 SEMINOLE BLVD #116</b> <b>SEMINOLE FL 33772</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NAZZITO, MARYANN</b> <b>9209 SEMINOLE BLVD. #135</b> <b>SEMINOLE FL 33772</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARMON, STANLEY</b> <b>9209 SEMINOLE BLVD. #104</b> <b>SEMINOLE FL 33772</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONTE, ANN</b> <b>9209 SEMINOLE BLVD, #105</b> <b>SEMINOLE FL 33772</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, SHARON</b> <b>9209 SEMINOLE BLVD, #86</b> <b>SEMINOLE FL 33772</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. TIM PARRINELLO</b> <b>9209 SEMINOLE BLVD. #181</b> <b>SEMINOLE, FL. 33772</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S. JERI ANN ARMISTEAD</b> <b>9209 SEMINOLE BLVD. #134</b> <b>SEMINOLE, FL. 33772</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b>	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/01**

Date

**727/538-0084**

Daytime Phone #

CR2E037 (10/00)