

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

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 3/1/96

B-1748 C

DOCUMENT # 753914 (1)

1. Corporation Name  
**TOWNHOMES OF LAKE SEMINOLE CONDOMINIUM NO. 5, ASSOCIATION, INC.**



Principal Place of Business: C/O BUXTON PROPERTIES, 147 BELCHER ROAD, SUITE 2, LARGO FL 34641, US  
Mailing Address: C/O BUXTON PROPERTIES, 147 BELCHER ROAD, LARGO FL 34641, US

3. Date Incorporated or Qualified: 08/22/1980  
3a. Date of Last Report: 03/20/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2069887	Applied For	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
25			30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, JEANNE  
9209 SEMINOLE BOULEVARD  
3166  
SEMINOLE FL 34642

B1 Name: Brian P. Buxton  
B2 Street Address (P.O. Box Number is Not Acceptable): 147 Belcher Rd - Ste 1  
B3  
B4 City: Largo  
FL B5 Zip Code: 34644

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: *[Signature]* Pres. Brian P. Buxton 2/8/96  
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	1.1 TITLE	PD
NAME	JONES, AL	1.2 NAME	MACDONALD, Donald
STREET ADDRESS	9209 SEMINOLE BOULEVARD, #185	1.3 STREET ADDRESS	9209 Seminole Blvd #175
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	Seminole, FL 34642
TITLE	SD	2.1 TITLE	SR Penny, Laura
NAME	JONES, BARBARA	2.2 NAME	9209 Seminole Blvd. # 177
STREET ADDRESS	9209 SEMINOLE BLVD, #185	2.3 STREET ADDRESS	Seminole, FL 34642
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	
TITLE	VPTD	3.1 TITLE	D Langton, Edward J
NAME	PARRINELLO, ROSEMARY	3.2 NAME	9209 Seminole Blvd. # 192
STREET ADDRESS	9209 SEMINOLE BLVD 181	3.3 STREET ADDRESS	Seminole, FL 34642
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* 2/27/96 813 391 4062  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (12/95)