

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morton<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 753914 (1)**

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

|   |  |
|---|--|
| Principal Place of Business<br><b>C/O BUXTON PROPERTIES<br/>147 BELCHER ROAD, SUITE 2<br/>LARGO FL 34641<br/>US</b> | Mailing Address<br><b>C/O BUXTON PROPERTIES<br/>147 BELCHER ROAD<br/>LARGO FL 33771<br/>US</b> |
|---|--|

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

9. Name and Address of Current Registered Agent

**BUXTON, BRIAN P.  
147 BELCHER ROAD  
STE. 1  
LARGO FL 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 *Brian P. Buxton* DATE **3/5/97**

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                |
|----------------------------|-------------------------|---|----------------|
| TITLE                      | PD                      | 1.1   | NAME           |
| NAME                       | MACDONALD, DONALD       | 1.2   | NAME           |
| STREET ADDRESS             | 9209 SEMINOLE BLVD #175 | 1.3   | STREET ADDRESS |
| CITY-ST-ZIP                | SEMINOLE FL             | 1.4   | CITY-ST-ZIP    |
| TITLE                      | STD                     | 2.1   | NAME           |
| NAME                       | PENNY, LAUREN           | 2.2   | NAME           |
| STREET ADDRESS             | 9209 SEMINOLE BLVD #177 | 2.3   | STREET ADDRESS |
| CITY-ST-ZIP                | SEMINOLE FL             | 2.4   | CITY-ST-ZIP    |
| TITLE                      | D                       | 3.1   | NAME           |
| NAME                       | LANGTON, EDWARD J.      | 3.2   | NAME           |
| STREET ADDRESS             | 9209 SEMINOLE BLVD #192 | 3.3   | STREET ADDRESS |
| CITY-ST-ZIP                | SEMINOLE FL             | 3.4   | CITY-ST-ZIP    |
| TITLE                      |                         | 4.1   | NAME           |
| NAME                       |                         | 4.2   | NAME           |
| STREET ADDRESS             |                         | 4.3   | STREET ADDRESS |
| CITY-ST-ZIP                |                         | 4.4   | CITY-ST-ZIP    |
| TITLE                      |                         | 5.1   | NAME           |
| NAME                       |                         | 5.2   | NAME           |
| STREET ADDRESS             |                         | 5.3   | STREET ADDRESS |
| CITY-ST-ZIP                |                         | 5.4   | CITY-ST-ZIP    |
| TITLE                      |                         | 6.1   | NAME           |
| 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 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.

3. Date Incorporated or Qualified  
**08/22/1980**

3a. Date of Last Report  
**03/01/1996**

4. FEI Number  
**59-2069887**

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

81 Name

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83

84 City **FL** 85 Zip Code



CR2E037 (9/96)

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