

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753914

1. Entity Name

TOWNHOMES OF LAKE SEMINOLE CONDOMINIUM NO. 5, AS  
SOCIATION, 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

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

59-2069887

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, BRIAN P.  
147 BELCHER ROAD, N.  
STE.2  
LARGO FL 34644

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  
PD  
MACDONALD, DONALD  
9209 SEMINOLE BLVD #175  
SEMINOLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
PARRINELLO, ROSEMARY  
9209 SEMINOLE BLVD, #181  
SEMINOLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PARRINELLO, JIM  
9209 SEMINOLE BLVD, #181  
SEMINOLE FL 33772 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GEORGE KLIMIS  
9209 SEMINOLE BLVD. # 182  
SEMINOLE, FL, 33702 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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

Date

Daytime Phone #

FILED  
Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90042 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)