

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90191 048 ****61.25

DOCUMENT # 753914

1. Entity 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**



04262004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MACDONALD, DONALD
9209 SEMINOLE BLVD #175
SEMINOLE, FL**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEON, GLADYS
9209 SEMINOLE BLVD., #186
SEMINOLE, FL 33702**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DARRAL MAFFETT
9209 SEMINOLE BLVD. #174
SEMINOLE, FL 33772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

Edward L. KAM 4/27/2004 727-538-0034