## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 729747** 

Entity Name: FIVE TOWNS OF ST. PETERSBURG, NO. 305, INC.

FILED
Apr 29, 2025
Secretary of State
1821403817CC

## **Current Principal Place of Business:**

5603 80TH ST. N. APT. 401

ST PETERSBURG, FL 33709

## **Current Mailing Address:**

C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 ST. PETERSBURG, FL 33702 US

FEI Number: 59-2008957 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ASSOCIA GULF COAST, INC. C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 ST. PETERSBURG, FL 33702 US

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: ANNETTE BYRD 04/29/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitlePRESIDENTTitleSECRETARYNameCINAL, TERRYNameVAIL, JANET

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER Title VP

Name HARVEY, ROBERT W. Name DOULOU, DEMOS J.

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.