


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

**FILED**

**Jan 22 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724688 (7)**  
 1. Corporation Name  
**FIVE TOWNS OF ST. PETERSBURG, NO. 301, INC.**



Principal Place of Business 5660 80TH ST. N APT D208 ST PETERSBURG FL 33709 US	Mailing Address 5660 80TH ST. N APT D208 ST PETERSBURG FL 33709 US
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3. Date Incorporated or Qualified  
**10/31/1972**

4. FEI Number  
**59-1534987**

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

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

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**MOREY, DOROTHY  
 5660 80TH ST. N. D208  
 ST PETERSBURG FL 33709**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BERRINGER, JERRY	
STREET ADDRESS	5660 80TH ST N B308	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOREY, DOROTHY R	
STREET ADDRESS	5660 80TH ST N D208	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARRINGTON, WANELLA	
STREET ADDRESS	5660 80TH ST N A202	
CITY-ST-ZIP	ST. PETE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AKERS, DOUGLAS	
STREET ADDRESS	5660 80TH ST N D108	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LARICCA, CARL	
STREET ADDRESS	5660 80TH ST N D102	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOREY, DOROTHY	
STREET ADDRESS	5660 80TH ST N. D208	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Hansen	<input checked="" type="checkbox"/>
1.3 STREET ADDRESS	7758 Fareham Ct. N.	
1.4 CITY-ST-ZIP	St. Pete Fl 33709	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	SAME	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	VP & TREAS.	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	SAME	
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William Clark	
4.3 STREET ADDRESS	5660 80th St. N D106	
4.4 CITY-ST-ZIP	St. Pete. Fl. 33709	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dennis Palazollo	<input checked="" type="checkbox"/>
6.3 STREET ADDRESS	5750 80th St. N. D308	
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.09(4), 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: DOROTHY MOREY **REQUIRED** *Jan 9 1998*

CR2E037 (10/97)