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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724688

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/31/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1534987 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 type="checkbox"/> DELETE
NAME	HANSEN, WILLIAM	
STREET ADDRESS	7758 FAREHAM CT N	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	VPT	<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 type="checkbox"/> DELETE
NAME	CLARK, WILLIAM	
STREET ADDRESS	5660 80TH ST N D106	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LARICCIA, 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	Dorothy R, Morey, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	5660 80th St. N, D208	
1.3 STREET ADDRESS	St. Petersburg, FL 33709	
1.4 CITY-ST-ZIP		
2.1 TITLE	Carl LaRiccia, U.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	5660 80th St. N. D 103	
2.3 STREET ADDRESS	St. Petersburg, FL. 33709	
2.4 CITY-ST-ZIP		
3.1 TITLE	Pat Jacob	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	5660 80th St. N. A 307	
3.3 STREET ADDRESS	St. Petersburg, FL. 33709	
3.4 CITY-ST-ZIP		
4.1 TITLE	Pam Smeltzer Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	5660 80th St. N. A 303	
4.3 STREET ADDRESS	St. Petersburg, FL. 33709	
4.4 CITY-ST-ZIP		
5.1 TITLE	William Clark	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	5660 80th St, N. D106	
5.3 STREET ADDRESS	St. Petersburg, FL. 33709	
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Francis Donahue	
6.3 STREET ADDRESS	5660 80th St. N. A 104	
6.4 CITY-ST-ZIP	St. Petersburg, FL 33709	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE: W. Hansen **URGENT REQUIRED** 1/5/99 727-541-1222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)