


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

1/7

01-07-2005 90003 036 ****61.25

DOCUMENT # 724688			
1. Entity Name FIVE TOWNS OF ST. PETERSBURG, NO. 301, INC.			
Principal Place of Business 5660 80TH ST. N APT C-108 ST PETERSBURG, FL 33709 US		Mailing Address 5660 80TH ST. N APT C-108 ST PETERSBURG, FL 33709 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01032005		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1534987		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERRINGER, JERRY 5660 80TH ST. N. D-308 ST. PETERSBURG, FL 33709		Name <u>DOROTHY R MOREY</u> Street Address (P.O. Box Number is Not Acceptable) <u>5660 80TH ST. N. D-208</u> <u>ST PETERSBURG</u> City FL Zip Code <u>33709</u>	
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 <u>Dorothy R Morey</u>		SIGNATURE <u>DOROTHY R MOREY</u> DATE <u>JAN. 3, 2005</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PT NAME MOREY, DOROTHY STREET ADDRESS 5660 80TH ST. NORTH, D-208 CITY-ST-ZIP ST. PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete	TITLE <u>PP</u> NAME <u>Augustine Daigle</u> STREET ADDRESS <u>5660 80TH ST. N. A-205</u> CITY-ST-ZIP <u>St. Petersburg, Fl. 33709</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME DAIGLE, AUGUSTINE STREET ADDRESS 5660 80TH ST. NORTH, A-205 CITY-ST-ZIP SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete	TITLE <u>VP</u> NAME <u>Douglas Collins</u> STREET ADDRESS <u>5660 80th St. N. D205</u> CITY-ST-ZIP <u>St. Petersburg Fl. 33709</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME HANSEN, WILLIAM STREET ADDRESS 7758 FARCHAM CRT N CITY-ST-ZIP SAINT PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete	TITLE <u>T</u> NAME <u>Robert Love</u> STREET ADDRESS <u>5660 80th St. N. C108</u> CITY-ST-ZIP <u>St. Petersburg, Fl. 33709</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME MOREY, DOROTHY STREET ADDRESS 5660 80TH ST D208 CITY-ST-ZIP ST. PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete	TITLE <u>Sec</u> NAME <u>Joan Bishop</u> STREET ADDRESS <u>5660 80th St. No A304</u> CITY-ST-ZIP <u>St. Petersburg, Fl. 33709</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME <u>LANE, ROBERT</u> STREET ADDRESS 5660 80TH ST. NORTH, C-108 CITY-ST-ZIP SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete	TITLE <u>A.S.</u> NAME <u>Joan Conder</u> STREET ADDRESS <u>5660 80th St. N. C207</u> CITY-ST-ZIP <u>St. Petersburg, Fl. 33709</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE AS NAME <u>BISHOP, JOAN</u> STREET ADDRESS 5660 80TH ST A304 CITY-ST-ZIP SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete	TITLE <u>D</u> NAME <u>Bernice Miller</u> STREET ADDRESS <u>5660 80th St. N. B203</u> CITY-ST-ZIP <u>St. Petersburg, Fl. 33709</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Robert N. Love</u>		SIGNATURE: <u>Robert N. Love</u> DATE: <u>1/27/05</u>	

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(727) 544-7385