


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90182 019 ****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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01062006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1534987

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MOREY, DOROTHY R
 5660 80TH ST. N.
 D 208
 ST PETERSBURG, FL 33709**

7. Name and Address of New Registered Agent

Name
BERRINGER, JERRY

Street Address (P.O. Box Number is Not Acceptable)
**5660 80TH ST. N.
 B 308**

City **ST. PETERSBURG** FL Zip Code **33709**

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 **JERRY BERRINGER** *Jerry Berringer* **3-1-2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAIGLE, AUGUSTINE			NAME	LOVE, ROBERT		
STREET ADDRESS	5660 80TH ST N A 205			STREET ADDRESS	5660 80TH ST. N. C108		
CITY-ST-ZIP	ST. PETERSBURG, FL 33709			CITY-ST-ZIP	ST. PETERSBURG, FL 33709		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAIGLE, AUGUSTINE			NAME	BERRINGER, JERRY		
STREET ADDRESS	5660 80TH ST. NORTH, A-205			STREET ADDRESS	5660 80TH ST. N. B 308		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709			CITY-ST-ZIP	ST. PETERSBURG, FL 33709		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COFFINS, DOUGLAS			NAME	BISBEY, JOAN		
STREET ADDRESS	5660 80TH ST N D205			STREET ADDRESS	5660 80TH ST. N. A 304		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709			CITY-ST-ZIP	ST. PETERSBURG, FL 33709		
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONFER, JOAN			NAME	CONFER, JOAN		
STREET ADDRESS	5660 80TH ST N C207			STREET ADDRESS	5660 80TH ST. N. C 207		
CITY-ST-ZIP	ST. PETERSBURG, FL 33709			CITY-ST-ZIP	ST. PETERSBURG, FL 33709		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVE, ROBERT			NAME	MILLER, BERNICE		
STREET ADDRESS	5660 80TH ST. NORTH, C-108			STREET ADDRESS	5660 80TH ST. N. B 203		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709			CITY-ST-ZIP	ST. PETERSBURG, FL 33709		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BISKY, JOAN			NAME	SORENSEN, CAROLYN		
STREET ADDRESS	5660 80TH ST N A 304			STREET ADDRESS	5660 80TH ST. N. D107		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709			CITY-ST-ZIP	ST. PETERSBURG, FL 33709		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jerry Berringer* **3-1-2006** **727 458 6249**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #