


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90240 025 ****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 - No P.O. Box #
5660 80TH ST. N.

3. Mailing Address
5660 80TH ST. N.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

Zip
33709

Country
USA

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		7. Name and Address of New Registered Agent	
BERRINGER, JERRY 5660 80TH ST N B-308 SAINT PETERSBURG, FL 33709		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code _____	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LOVE, ROBERT			NAME	HANSEN, WILLIAM		
STREET ADDRESS	5660 80TH ST N., C108			STREET ADDRESS	7758 FAREHAM CT.		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709			CITY-ST-ZIP	ST. PETERSBURG, FL 33709		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERRINGER, JERRY			NAME			
STREET ADDRESS	5660 80TH ST N., B308			STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BISBEY, JOAN			NAME	D'ANTONIO, SALLY		
STREET ADDRESS	5660 80TH ST N., A304			STREET ADDRESS	5660 80TH ST. N. C101		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709			CITY-ST-ZIP	ST. PETERSBURG, FL 33709		
TITLE	T	<input type="checkbox"/> Delete		TITLE	T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONFER, JOAN			NAME			
STREET ADDRESS	5660 80TH ST N., C207			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33709			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MILLER, CAROLYN			NAME	OTT, JAMES		
STREET ADDRESS	5660 80TH ST N., B203			STREET ADDRESS	5660 80TH ST. N. B103		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709			CITY-ST-ZIP	ST. PETERSBURG, FL 33709		
TITLE	D	<input type="checkbox"/> Delete		TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SORENSEN, CAROLYN			NAME			
STREET ADDRESS	5660 80TH ST N., D107			STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709			CITY-ST-ZIP			

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 **JERRY BERRINGER** 1-2-2007 727 458 6249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #