

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90021 012 ****61.25



DOCUMENT # 724688
 1. Entity Name
FIVE TOWNS OF ST. PETERSBURG, NO. 301, INC.

Principal Place of Business
5660 80TH ST NORTH
ST PETERSBURG, FL 33709 US

Mailing Address
5660 80TH ST. N
ST PETERSBURG, FL 33709 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

02032008 Chg-NP CR2E037 (12/06)

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

BERRINGER, JERRY
5660 80TH ST N
B-308
SAINT PETERSBURG, FL 33709

Delete

7. Name and Address of New Registered Agent

Name **Dorothy R. Morey**
 Street Address (P.O. Box Number is Not Acceptable)
5660 80th Street 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 *Dorothy R. Morey* **DOROTHY R. MOREY** **4-14-08**
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HANSEN, WILLIAM	
STREET ADDRESS	7758 FAREHAM CT	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BERRINGER, JERRY	
STREET ADDRESS	5660 80TH ST N., B308	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANTONIO, SALLY	
STREET ADDRESS	5660 80TH ST NORTH SUITE C101	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CONFER, JOAN	
STREET ADDRESS	5660 80TH ST N., C207	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	OTT, JAMES	
STREET ADDRESS	5660 80TH ST NORTH SUITE B103	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SORENSEN, CAROLYN	
STREET ADDRESS	5660 80TH ST N., D107	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James R. Ott	
STREET ADDRESS	5660 80th Street N. B103	
CITY-ST-ZIP	St. Petersburg, Florida 33709	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas Collins	
STREET ADDRESS	5660 80th Street N. D205	
CITY-ST-ZIP	St. Petersburg, Florida 33709	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy R. Morey	
STREET ADDRESS	5660 80th Street N. D208	
CITY-ST-ZIP	St. Petersburg, Florida 33709	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Jacob	
STREET ADDRESS	5660 80th Street N. A307	
CITY-ST-ZIP	St. Petersburg, Florida 33709	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Augustine Daigle	
STREET ADDRESS	5660 80th Street N. A205	
CITY-ST-ZIP	St. Petersburg, Florida 33709	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Dorothy R. Morey* **4-14-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #