

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724688

FILED
Mar 31, 2011
Secretary of State

Entity Name: FIVE TOWNS OF ST. PETERSBURG, NO. 301, INC.

Current Principal Place of Business:

5660 80TH ST NORTH
SAINT PETERSBURG, FL 33709 US

New Principal Place of Business:

Current Mailing Address:

5660 80TH ST NORTH
SAINT PETERSBURG, FL 33709 US

New Mailing Address:

FEI Number: 59-1534987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.
4585 140TH AVE NORTH - SUITE 1012
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: OTT, JAMES R
Address: 5660 80TH ST N B103
City-St-Zip: SAINT PETERSBURG, FL 33709 US

Title: VP
Name: ST. CLAIR, ARTIE
Address: 5660 80TH ST N B 201
City-St-Zip: SAINT PETERSBURG, FL 33709 US

Title: D
Name: THOMAS, GALEN R
Address: 5660 80TH ST N B208
City-St-Zip: SAINT PETERSBURG, FL 33709 US

Title: S
Name: JACOB, PATRICIA
Address: 5660 80TH ST N A307
City-St-Zip: SAINT PETERSBURG, FL 33709 US

Title: D
Name: WILKENS, MARTHA
Address: 5660 80TH ST N B 105
City-St-Zip: SAINT PETERSBURG, FL 33709 US

Title: D
Name: KONKIS, NANCY
Address: 5660 80TH ST N., A306
City-St-Zip: SAINT PETERSBURG, FL 33709 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES OTT

P

03/31/2011

Electronic Signature of Signing Officer or Director

Date