


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90014 023 ****61.25

DOCUMENT # 726342 1. Entity Name FIVE TOWNS OF ST. PETERSBURG, NO. 302, INC.					
Principal Place of Business 5501 80TH STREET NORTH ST. PETERSBURG, FL 33709 US			Mailing Address RESOURCE PROPERTY MANAGEMENT 7300 PARK STREET SEMINOLE, FL 33777 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02192007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1578088	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RESOURCE PROPERTY MANAGEMENT 7300 PARK STREET SEMINOLE, FL 33777				7. Name and Address of New Registered Agent Name <u>Florida Community Property Mgmt</u> Street Address (P.O. Box Number is Not Acceptable) <u>8141 54th Ave N</u> <u>Sean Foley</u> City <u>St Petersburg</u> 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>[Signature]</u> DATE <u>2/19/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHALK, STEVE PD		NAME	Anthony Wechert	
STREET ADDRESS	5501 80TH STREET NORTH #503		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPEIGHT, DENNIS VPD		NAME	ms. Mary Farrugia	
STREET ADDRESS	5501 80TH STREET NORTH # 509		STREET ADDRESS	5501 80th Street N #107	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP	St Petersburg FL 33709	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRIEBLE, RONALD TD		NAME	Timothy Dixon	
STREET ADDRESS	5501 80TH STREET NORTH #410		STREET ADDRESS	5501 80th Street N #107	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP	St Pete FL 33709	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Add Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRIEBLE, DORIS SD		NAME	Ann McKaig	
STREET ADDRESS	5501 80TH STREET NORTH #410		STREET ADDRESS	5501 80th Street N #407	
CITY-ST-ZIP	ST PETERSBURG, FL 33709		CITY-ST-ZIP	St Pete FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOURINGY, NANCY D		NAME		
STREET ADDRESS	5501 80TH STREET NORTH #406		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHALK, TONI D		NAME		
STREET ADDRESS	5501 80TH STREET NORTH #503		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: <u>[Signature]</u> <u>STEVE SCHALK</u> <u>2-21-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					