

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2008 8:00 am**  
**Secretary of State**

06-12-2008 90001 022 \*\*\*\*61.25

<b>DOCUMENT # 726342</b> 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 <b>Florida Community Property Management</b> Suite, Apt. #, etc. <b>8141 54th Avenue N</b> 05222008 Chg-NP CR2E037 (12/06) <b>St Petersburg, FL 33709</b>			
Suite, Apt. #, etc.		City & State		FEI Number <b>59-1578088</b>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FLORIDA COMMUNITY PROPERTY MGMT</b> <b>8141 54TH AVE N</b> <b>SEAN FOLEY</b> <b>SAINT PETERSBURG, FL 33709</b>				7. Name and Address of New Registered Agent Name <b>Florida Community Property Management</b> Street Address (P.O. Box Number and Apt. Address) <b>8141 54th Avenue N</b> <b>St Petersburg, FL 33709</b> City <b>FL</b> 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 <u><i>Robert J. Kresnik Manager</i></u> <b>5-29-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHALK, STEVE PD 5501 80TH STREET NORTH #503 ST PETERSBURG, FL 33709	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARRUGIN, MARY 5501 80TH ST. N #107 SAINT PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIXON, TIMOTHY 5501 80TH ST. N #107 SAINT PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKAIG, ANN 5501 80TH ST. N #407 ST PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WECHET, ANTHONY 5501 80TH ST. N #503 SAINT PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHALK, TONI D 5501 80TH STREET NORTH #503 SAINT PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sam Turner 5501 80th St. N. # 112 St Petersburg, FL 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Toni Schalk 5501 80th St. N. # 503 St Petersburg, FL 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Dalland 5501 80th St. N. # 301 St Petersburg, FL 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Anthony Wechet 5501 80th St. N. # 503 St Petersburg, FL 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peggy Krafft 5501 80th St. N. # 311 St. Petersburg FL 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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><i>Steven Schalk</i></u> <b>6-9-2008 727-258-0092</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					