

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90144 041 ****61.25

DOCUMENT # 726344

1. Entity Name
FIVE TOWNS OF ST. PETERSBURG, NO. 304, INC.



Principal Place of Business
5521 80 STREET N. APT 412
APT. 301
ST PETERSBURG, FL 33709-829 US

Mailing Address
8141-54TH AVENUE NORTH
SAINT PETERSBURG, FL 33709 US

40046084



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1632106

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILDEBRAND, HAL T
4175 E VAY DR STE 205
CLEARWATER, FL 33764

7. Name and Address of New Registered Agent

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, MARION	
STREET ADDRESS	5521 80 ST N #311	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GLANDING, MARGIE	
STREET ADDRESS	5521 80TH ST N 416	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STARK, JOHN	
STREET ADDRESS	5521 80TH ST N 416	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEAD, PHYLLIS	
STREET ADDRESS	5521 80TH ST N #315	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	OK
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOYCE, MARION	
STREET ADDRESS	5521 80TH ST 5	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POLLOCK, ELANORE	
STREET ADDRESS	5521 80TH ST N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARION BOYLE	
STREET ADDRESS	5521 80 ST N 315	
CITY-ST-ZIP	ST PETERSBURG, FL 33709	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peggy McLane	
STREET ADDRESS	5521 80 ST N	
CITY-ST-ZIP	ST PETERSBURG, FL 33709	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria Cabrera	
STREET ADDRESS	5521 80 ST N	
CITY-ST-ZIP	ST PETERSBURG, FL 33709	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Hernandez	
STREET ADDRESS	5521 80 ST N	
CITY-ST-ZIP	ST PETERSBURG, FL 33709	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIE MACGREGOR	
STREET ADDRESS	5521 80 ST N	
CITY-ST-ZIP	ST PETERSBURG, FL 33709	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5521 80 ST N	
STREET ADDRESS	ST 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:

Marion Boyle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/07

Date

Daytime Phone #