2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# 729748

Entity Name: FIVE TOWNS OF ST. PETERSBURG, NO. 306, INC.

Current Principal Place of Business:

5623 80TH STREET NORTH
ST PETERSBURG, FL 33709 US

New Principal Place of Business:

Current Mailing Address:

C/O RESOURCE PROPERTY MGMT
7300 PARK STREET
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-1682039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MGMT
7300 PARK STREET
SEMINOLE, FL 33777 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 ( ) Delete
Name: SHARP, BILL
Address: 5623 80TH STREET NORTH #310
City-St-Zip: ST PETERSBURG, FL 33709

Title: VP ( ) Delete
Name: CASTOR, BETTY
Address: 5623 80TH STREET NORTH #510
City-St-Zip: ST PETERSBURG, FL 33709

Title: S ( ) Delete
Name: GELINAS, JOAN
Address: 5623 80TH STREET NORTH #303
City-St-Zip: ST PETERSBURG, FL 33709

Title: T ( ) Delete
Name: ROSENBERGER, PATRICIA
Address: 5623 80TH STREET NORTH #512
City-St-Zip: ST PETERSBURG, FL 33709

Title: D ( ) Delete
Name: JACKSON, MICKEY
Address: 5623 80TH STREET NORTH #314
City-St-Zip: ST PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BILL SHARP P/D 04/02/2008
Electronic Signature of Signing Officer or Director Date