

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 733964**

1. Entity Name

FIVE TOWNS OF ST. PETERSBURG, NO. 308, INC.



Principal Place of Business

Mailing Address

5725 - 80TH STREET NORTH  
ST. PETERSBURG FL 33709

5725 - 80TH STREET NORTH  
#401  
ST. PETERSBURG FL 33709



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

4. FEI Number

59-2060501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINZKER, EDWARD  
5725- 80TH ST N  
#214  
ST. PETERSBURG FL 33709

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 reappointing)

DATE

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P ☐ Delete  
NAME: PINZKER, EDWARD  
STREET ADDRESS: 5725-80TH ST N #214  
CITY-STATE-ZIP: ST PETERSBURG FL 33709

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: 000000694561  
CITY-STATE-ZIP: 04/17/07-80025-005 61.25

TITLE: D ☐ Delete  
NAME: KLASSON, BARBARA  
STREET ADDRESS: 5725 80TH ST N # 408  
CITY-STATE-ZIP: SAINT PETERSBURG FL 33709

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete  
NAME: HEINLE, SYLVIA  
STREET ADDRESS: 5725 80TH STREET N #410  
CITY-STATE-ZIP: ST. PETERSBURG FL 33709

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete  
NAME: MARZETTI, DANTE  
STREET ADDRESS: 5725 80TH ST N, #402  
CITY-STATE-ZIP: ST. PETERSBURG FL 33709

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: S ☐ Delete  
NAME: BURKEEN, ELAINE  
STREET ADDRESS: 5725 80TH STREET NORTH #115  
CITY-STATE-ZIP: SAINT PETERSBURG FL 33709

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: VPT ☐ Delete  
NAME: RENNEKER, EDWARD  
STREET ADDRESS: 5725 80TH ST N, #401  
CITY-STATE-ZIP: ST. PETERSBURG FL 33709

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: EDWARD RENNEKER** *Edward Renneker* 4/5/07 727-541-2207