

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:17

DOCUMENT # 753914 (1)

1. Corporation Name
TOWNHOMES OF LAKE SEMINOLE CONDOMINIUM NO. 5, AS
SOCIATION, INC.

Principal Place of Business Mailing Address
9996 SEMINOLE BLVD SEMINOLE FL 34642-2535
9996 SEMINOLE BLVD- SEMINOLE FL 34642-2535

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/22/1980 3a. Date of Last Report 04/04/1994
4. FBI Number 59-2069887 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 %Buxton Properties 26 %Buxton Properties
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 147 Belcher Rd. Ste 2 27 147 Belcher Rd.
City & State City & State
23 Largo, FL 28 Largo, FL
Zip Country Zip Country
24 34641 25 USA 29 34641 30 USA

9. Name and Address of Current Registered Agent
LOPEZ, JEANNE
9209 SEMINOLE BOULEVARD
3166
SEMINOLE FL 34642
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | PD | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOPEZ, JEANNE | 1.2 NAME | Jones, Al |
| STREET ADDRESS | 9209 SEMINOLE BLVD, #166 | 1.3 STREET ADDRESS | 9209 Seminole Blvd #185 |
| CITY-ST-ZIP | SEMINOLE FL | 1.4 CITY-ST-ZIP | Seminole, FL 34642 |
| TITLE | SD | 2.1 TITLE | SD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JONES, BARBARA | 2.2 NAME | |
| STREET ADDRESS | 9209 SEMINOLE BLVD, #185 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEMINOLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | VPTD | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PARRINELLO, ROSEMARY | 3.2 NAME | |
| STREET ADDRESS | 9209 SEMINOLE BLVD 181 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEMINOLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: Al Jones 3-28-95
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #