

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jul 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753914 (1)**

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



Principal Place of Business		Mailing Address	
C/O BUXTON PROPERTIES 147 BELCHER ROAD, SUITE 2 LARGO FL 34641 US		C/O BUXTON PROPERTIES 147 BELCHER ROAD LARGO FL 34641 US	
21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30	Country		

3. Date Incorporated or Qualified	<b>06/22/1980</b>
4. FEI Number	<b>59-2069887</b>
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BUXTON, BRIAN P.  
147 BELCHER ROAD  
STE.1  
LARGO FL 34644**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACDONALD, DONALD</b>	1.2 NAME	
STREET ADDRESS	<b>9209 SEMINOLE BLVD #175</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PENNY, LAUREN</b>	2.2 NAME	<b>D/S PARRINELLO</b>
STREET ADDRESS	<b>9209 SEMINOLE BLVD #177</b>	2.3 STREET ADDRESS	<b>ROSEMARY</b>
CITY-ST-ZIP	<b>SEMINOLE FL</b>	2.4 CITY-ST-ZIP	<b>9209 SEMINOLE BLVD #181</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LANGTON, EDWARD J.</b>	3.2 NAME	<b>HAZEL GORDON</b>
STREET ADDRESS	<b>9209 SEMINOLE BLVD #192</b>	3.3 STREET ADDRESS	<b>9209 SEMINOLE BLVD #182</b>
CITY-ST-ZIP	<b>SEMINOLE FL</b>	3.4 CITY-ST-ZIP	<b>SEMINOLE FL 33772</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>D</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>GLADYS LEON</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>9209 SEMINOLE BLVD #186</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **7/23/98**

CR2E037 (10/97)