

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753914

1. Entity Name

TOWNHOMES OF LAKE SEMINOLE CONDOMINIUM NO. 5, AS

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90118 004 ****61.25

Principal Place of Business C/O BUXTON PROPERTIES 147 BELCHER ROAD, SUITE 2 LARGO FL 34641 US	Mailing Address C/O BUXTON PROPERTIES 147 BELCHER ROAD LARGO FL 33771 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2069887	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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.

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

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MACDONALD, DONALD	
STREET ADDRESS	9209 SEMINOLE BLVD #175	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PARRINELLO, ROSEMARY	
STREET ADDRESS	9209 SEMINOLE BLVD, #181	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORDON, HAZEL	
STREET ADDRESS	9209 SEMINOLE BLVD, #182	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAPPER, SHELLY	
STREET ADDRESS	9209 SEMINOLE BLVD, #179	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRINELLO, JIM	
STREET ADDRESS	9209 SEMINOLE BLVD, #181	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Malcolm, Kenneth	
STREET ADDRESS	9209 Seminole Blvd. #184	
CITY-ST-ZIP	Seminole, FL 33772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Donald MacDonald **DONALD MACDONALD** 4/18/00 (727) 656-2672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)