

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90042 013 ****61.25

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DOCUMENT # 753914

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2069887**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUXTON, BRIAN P.
 147 BELCHER ROAD, N.
 STE.2
 LARGO FL 34644**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D GEORGE KLIMIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9209 SEMINOLE BLVD. # 182	
CITY-ST-ZIP	SEMINOLE, FL, 33702	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

727/538-0039

Daytime Phone #

CR2E037 (9/01)