


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90191 048 ****61.25


DOCUMENT # 753914

1. Entity Name
TOWNHOMES OF LAKE SEMINOLE CONDOMINIUM NO. 5, ASSOCIATION, INC.



Principal Place of Business C/O BUXTON PROPERTIES 147 BELCHER ROAD, SUITE 2 LARGO, FL 34641 US	Mailing Address C/O BUXTON PROPERTES 147 BELCHER ROAD LARGO, FL 34641 US
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04262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2069887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MACDONALD, DONALD 9209 SEMINOLE BLVD #175 SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PARRINELLO, ROSEMARY 9209 SEMINOLE BLVD, #181 SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEON, GLADYS 9209 SEMINOLE BLVD., #186 SEMINOLE, FL 33702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DARRAL MAFFETT 9209 SEMINOLE BLVD. #174 SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 empowers.

SIGNATURE: *Edward Cochran* **ICAM** 4/27/2004 727-538-0034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #