


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90170 047 ****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 PROPERTIES
 147 BELCHER ROAD
 LARGO, FL 34641 US**

50047604



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04192005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2069887

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$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**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACDONALD, DONALD 9209 SEMINOLE BLVD #175 SEMINOLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARRINELLO, ROSEMARY 9209 SEMINOLE BLVD, #181 SEMINOLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, GLADYS 9209 SEMINOLE BLVD., #186 SEMINOLE, FL 33702 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAFFETT, DARRAL 9209 SEMINOLE BLVD # 174 SEMINOLE, FL 33772 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POA Rep. Sarah Snyder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR