

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 05, 2009
Secretary of State

DOCUMENT# 753914

Entity Name: TOWNHOMES OF LAKE SEMINOLE CONDOMINIUM NO. 5, ASSOCIATION, INC.**Current Principal Place of Business:**C/O BUXTON PROPERTIES
147 BELCHER ROAD, SUITE 2
LARGO, FL 33771 US**New Principal Place of Business:**1301 SEMINOLE BLVD
SUITE 110
LARGO, FL 33770 US**Current Mailing Address:**C/O BUXTON PROPERTIES
147 BELCHER ROAD
LARGO, FL 33771 US**New Mailing Address:**1301 SEMINOLE BLVD
SUITE 110
LARGO, FL 33770 US**FEI Number:** 59-2069887**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BUXTON, BRIAN P.
147 BELCHER ROAD, N.
STE.2
LARGO, FL 33771 US**Name and Address of New Registered Agent:**QUALIFIED PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD
STE 110
LARGO, FL 33770 US

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: MELISSA WADE

08/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: MACDONALD, DONALD
Address: 9209 SEMINOLE BLVD #175
City-St-Zip: SEMINOLE, FL 33772 US**Title:** ST () Delete
Name: PARRINELLO, ROSEMARY
Address: 9209 SEMINOLE BLVD #181
City-St-Zip: SEMINOLE, FL 33772 US**Title:** D () Delete
Name: MOGLE, JEAN
Address: 9209 SEMINOLE BLVD #177
City-St-Zip: SEMINOLE, FL 33772 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: MACDONALD, DONALD
Address: 1301 SEMINOLE BLVD, SUITE110
City-St-Zip: LARGO, FL 33770 US**Title:** ST (X) Change () Addition
Name: PARRINELLO, ROSEMARY
Address: 1301 SEMINOLE BLVD, SUITE110
City-St-Zip: LARGO, FL 33770 US**Title:** D (X) Change () Addition
Name: MOGLE, JEAN
Address: 1301 SEMINOLE BLVD, SUITE110
City-St-Zip: LARGO, FL 33770 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA WADE

ADMN

08/05/2009

Electronic Signature of Signing Officer or Director

Date