

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724688

**Entity Name:** FIVE TOWNS OF ST. PETERSBURG, NO. 301, INC.

**Current Principal Place of Business:**

2931 MACALPIN DR S  
PALM HARBOR, FL 34684

**Current Mailing Address:**

2931 MACALPIN DR S  
PALM HARBOR, FL 34684 US

**FEI Number:** 59-1534987

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DESANTIS COMMUNITY MANAGEMENT, LLC  
2931 MACALPIN DR S  
PALM HARBOR, FL 34684 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            OWEN, DEBBIE  
Address        2931 MACALPIN DR S  
City-State-Zip: PALM HARBOR FL 34684

Title            VP  
Name            PROCTOR, ANNETTE  
Address        2931 MACALPIN DR S  
City-State-Zip: PALM HARBOR FL 34684

Title            SECRETARY  
Name            BRADY, MOYRA  
Address        2931 MACALPIN DR S  
City-State-Zip: PALM HARBOR FL 34684

Title            TREASURER  
Name            BENEDETTO, JOSEPH  
Address        2931 MACALPIN DR S  
City-State-Zip: PALM HARBOR FL 34684

Title            DIRECTOR  
Name            NASELLO, KAREN  
Address        2931 MACALPIN DR S  
City-State-Zip: PALM HARBOR FL 34684

Title            DIRECTOR  
Name            RENNER, RAYMOND  
Address        2931 MACALPIN DR S  
City-State-Zip: PALM HARBOR FL 34684

Title            DIRECTOR  
Name            COLVIN, TERRIE  
Address        2931 MACALPIN DR S  
City-State-Zip: PALM HARBOR FL 34684

*I hereby 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 all other like empowered.*

**SIGNATURE:** DEBBIE OWEN

**PRESIDENT**

**04/06/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date