

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 739445 (5)

1. Corporation Name

TERRACE PARK OF FIVE TOWNS, NO. 10, INC.



Principal Place of Business	Mailing Address
C/O STERLING MANAGEMENT 1301 SEMINOLE BLVD. STE 172 LARGO FL 34640 US	C/O STERLING MANAGEMENT 1301 SEMINOLE BLVD. STE 172 LARGO FL 34640 US

3. Date Incorporated or Qualified 06/22/1977	3a. Date of Last Report 02/22/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 c/o Buxton Properties	26 % Buxton Properties Inc	59-2079584	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 147 Belcher Rd.	27 147 Belcher Rd	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23 Largo, FL	28 Largo, FL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Zip		
24 34641	29 34641		
Country	Country		
25 USA	30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOEFFLER, KARL 1301 SEMINOLE BLVD, STE 172 LARGO FL 34640	81 Name Brian P. Buxton
	82 Street Address (P.O. Box Number is Not Acceptable) 147 Belcner Rd. Ste. 2
	83
	84 City Largo
	85 Zip Code FL 34641

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature typed or printed name of registered agent and the date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEOD, KENNETH L.	12 NAME	
STREET ADDRESS	5967 TERR PK DR N #106	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, MARION	22 NAME	
STREET ADDRESS	5925 TERR PARK DR N #101	23 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MILDRED A.	32 NAME	
STREET ADDRESS	5925 TERR PARK DR N 206	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTER, MARY	42 NAME	Richter, Mary
STREET ADDRESS	5967 TERR PK DR N #201	43 STREET ADDRESS	5967 Terrace Park Dr. N #201
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	St. Petersburg, FL
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, WILLIAM	52 NAME	
STREET ADDRESS	5925 TERRACE PARK DRIVE #210	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William H. Yates William H. Yates Date: 2/7/96 (813) 546-7015  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)