


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90376 018 \*\*\*\*61.25

<b>DOCUMENT # 739445</b>			
1. Entity Name TERRACE PARK OF FIVE TOWNS, NO. 10, INC.			
Principal Place of Business 5925 & 5967 TERRACE PARK DR. SAINT PETERSBURG, FL 33709 US		Mailing Address 7300 PARK STREET SEMINOLE, FL 33777 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2079584		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		7. Name and Address of New Registered Agent	
REINHARDT, DEBRA 7300 PARK STREET RESOURCE PROPERTY MGMT SEMINOLE, FL 33777		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 <i>Debra Reinhardt</i>		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD RICHTER, MARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5967 TERRACE PARK DR., #B201	NAME	
STREET ADDRESS	ST. PETERSBURG, FL 33709	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD STEWART, MARION <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5925 TERRACE PARK DR., #A101	NAME	
STREET ADDRESS	ST. PETERSBURG, FL 33709	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD HESTER, ANGELA <input checked="" type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5925 TERRACE PARK DR., #A203	NAME	GAGE, PAT
STREET ADDRESS	ST. PETERSBURG, FL 33709	STREET ADDRESS	5925 TERRACE PARK DR #A202
CITY-ST-ZIP		CITY-ST-ZIP	ST Pete, FL 33709
TITLE	PD CONTEY, FRANK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5967 TERRACE PARK DR., #B211	NAME	
STREET ADDRESS	SAINT PETERSBURG, FL 33709	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GAGE, PAT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5925 TERRACE PARK DR., #A202	NAME	BARNES, GROVER
STREET ADDRESS	SAINT PETERSBURG, FL 33709	STREET ADDRESS	5967 TERRACE PK DR #B204
CITY-ST-ZIP		CITY-ST-ZIP	ST Pete, FL 33709
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 # changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Frank Contey</i>		Date: 6/10/04	
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR		Daytime Phone #: (727)545-2318	

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04272004 Chg-NP CR2E037 (10/03)