



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90038 004 ****61.25

DOCUMENT # 739445					
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		 01062005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2079584 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHTER, MARY		NAME		
STREET ADDRESS	5967 TERRACE PARK DR., #B201		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, MARION		NAME	MARILYN LALLY	
STREET ADDRESS	5925 TERRACE PARK DR., #A101		STREET ADDRESS	5967 TERR PK DR NO	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709		CITY-ST-ZIP	ST PETE, FL 33709	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGE, PAT		NAME		
STREET ADDRESS	5925 TERRACE PARK DRIVE, #A202		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTEY, FRANK		NAME		
STREET ADDRESS	5967 TERRACE PARK DR., #B211		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, GROVER		NAME	MARION STEWART	
STREET ADDRESS	5967 TERRACE PARK DRIVE, #B204		STREET ADDRESS	5925 TERR PK DR NO	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Frank Contey</u>			Date: <u>1/21/05</u> Daytime Phone #: <u>(727) 545-2918</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		