

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739445

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: TERRACE PARK OF FIVE TOWNS, NO. 10, INC.

**Current Principal Place of Business:**

5925 & 5967 TERRACE PARK DR.  
SAINT PETERSBURG, FL 33709 US

**New Principal Place of Business:**

**Current Mailing Address:**

7300 PARK STREET  
SEMINOLE, FL 33777 US

**New Mailing Address:**

C/O RESOURCE PROPERTY MGMT  
7300 PARK STREET  
SEMINOLE, FL 33777 US

FEI Number: 59-2079584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RESOURCE PROPERTY MANAGEMENT  
7300 PARK STREET  
RESOURCE PROPERTY MGMT  
SEMINOLE, FL 33777 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GAGE, PAT  
Address: 5925 TERRACE PARK DR., #A202  
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: VPD ( ) Delete  
Name: TAYLOR, BILL  
Address: 5925 TERRACE PARK DR # A105  
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: SD ( ) Delete  
Name: LALLY, MARILYN  
Address: 5967 TERRACE PARK DRIVE, #B111  
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: TD ( ) Delete  
Name: STEWART, MARION  
Address: 5925 TERRACE PARK DR., #A101  
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: D ( ) Delete  
Name: FREY, RONALD  
Address: 5967 TERRACE PARK DR. #107  
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: D ( ) Delete  
Name: KAPJON, HELENA  
Address: 5967 TERRACE PARK DR. #104  
City-St-Zip: ST PETERSBURG, FL 33709 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DANIEL FULTON

PM

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date