

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90185 002 ****61.25

0102054

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
**C/O 103 CLEVELAND AVE. SW
LARGO FL 33770
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
7300 Park Street
Suite, Apt. #, etc.

City & State
Seminole FL

Zip
33777

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2079584**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**REINGARDT, DEBRA
103 CLEVELAND AVE. SW
LARGO FL 33770**

7. Name and Address of New Registered Agent

Name
Resource Property Agent

Street Address (P.O. Box Number is Not Acceptable)
Debra Reinhardt

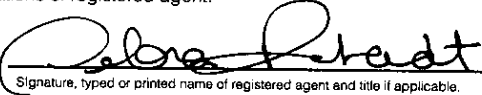
7300 Park Street

City
Seminole

State
FL

Zip Code
33777

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  DATE **1/27/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHTER, MARY 5967 TERRACE PARK DR., #B201 ST. PETERSBURG FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART, MARION 5925 TERRACE PARK DR., #A101 ST. PETERSBURG FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HESTER, ANGELA 5925 TERRACE PARK DR., #A203 ST. PETERSBURG FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHTER, MARY 5967 TERRACE PARK DR., #B201 ST PETERSBURG FL 33709	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONTEY, FRANK 5967 TERRACE PARK DR., #B211 SAINT PETERSBURG FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGE, PAT 5925 TERRACE PARK DR., #A202 SAINT PETERSBURG FL 33709	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **2/27/03** (727) 545-2318

CR2E037 (10/02)