

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 743799 (9)

1. Corporation Name

TERRACE PARK OF FIVE TOWNS, NO. 11-A, INC.

FILED  
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DIVISION OF CORPORATIONS

95 FEB -6 PM 12:09

Principal Place of Business

Mailing Address

STERLING MANAGEMENT  
1301 SEMINOLE BLVD. STE 172  
LARGO FL 34640  
US

STERLING MANAGEMENT  
1301 SEMINOLE BLVD. STE 172  
LARGO FL 34640  
US

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br>08/03/1978                                                                                                                | 3a. Date of Last Report<br>03/15/1994                  |
| 4. FEI Number<br>59-1923377                                                                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | \$5.00 May Be Added to Fees                            |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status<br><input type="checkbox"/>                                                                               | \$68.75 Supplemental Fee Not Required                  |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

2. Principal Place of Business

2a. Mailing Address

21 Terrace Park of 5 Towns  
Suite, Apt. #, etc.

Larry Boucher  
Suite, Apt. #, etc.

22 5980 Terrace Pk. Dr. N.  
City & State

27 5980 Terrace Pk Dr. #212  
City & State

23 St. Petersburg, Fl.  
Zip

28 St. Petersburg, Fl.  
Zip

24 33709  
Country

29 33709  
Country

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  
Larry Boucher  
82 Street Address (P.O. Box Number is Not Acceptable)  
5980 Terrace Park Dr. N. #212  
83  
84 City  
St. Petersburg FL 85 Zip Code  
33709

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE LARRY BOUCHER

Resident Larry Boucher

1-17-95

Signature, typed or printed name of registered agent and date if any.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                            |
|-----------------|----------------------------|
| TITLE           | ST                         |
| NAME            | MAXIN, GEORGE              |
| STREET ADDRESS  | 5980 TERR PARK DR, NO 213  |
| CITY - ST - ZIP | ST PETERSBURG FL 33709     |
| TITLE           | PD                         |
| NAME            | BOUCHER, LAWRENCE          |
| STREET ADDRESS  | 5980 TERR PARK DR, NO      |
| CITY - ST - ZIP | ST PETERSBURG, FL 00000    |
| TITLE           | D                          |
| NAME            | DALEY, EDWARD              |
| STREET ADDRESS  | 5980 TERRACE PARK DR, #211 |
| CITY - ST - ZIP | ST PETERSBURG FL           |
| TITLE           | V                          |
| NAME            | OVERSCHELDE, GEORGE VAN    |
| STREET ADDRESS  | 5980 TERR PARK DR, NO 313  |
| CITY - ST - ZIP | ST PETERSBURG FL 33709     |
| TITLE           | D                          |
| NAME            | SULKY, HAROLD              |
| STREET ADDRESS  | 5980 TERR PARK DR. NO.209  |
| CITY - ST - ZIP | ST. PETERSBURG FL 33709    |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |

|                     |                                 |                                                                              |
|---------------------|---------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | SD                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                 |                                                                              |
| 1.3 STREET ADDRESS  |                                 |                                                                              |
| 1.4 CITY - ST - ZIP |                                 |                                                                              |
| 2.1 TITLE           |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                                 |                                                                              |
| 2.3 STREET ADDRESS  |                                 |                                                                              |
| 2.4 CITY - ST - ZIP |                                 |                                                                              |
| 3.1 TITLE           | TD                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                 |                                                                              |
| 3.3 STREET ADDRESS  |                                 |                                                                              |
| 3.4 CITY - ST - ZIP |                                 |                                                                              |
| 4.1 TITLE           | D                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                 |                                                                              |
| 4.3 STREET ADDRESS  |                                 |                                                                              |
| 4.4 CITY - ST - ZIP |                                 |                                                                              |
| 5.1 TITLE           | VD                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | JOLIN, ARTHUR                   |                                                                              |
| 5.3 STREET ADDRESS  | 5980 TERRACE PARK DR. N. NO.114 |                                                                              |
| 5.4 CITY - ST - ZIP | ST PETERSBURG, FL. 33709        |                                                                              |
| 6.1 TITLE           |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                 |                                                                              |
| 6.3 STREET ADDRESS  |                                 |                                                                              |
| 6.4 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry Boucher Larry Boucher

1-17-95 813-546-5817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Required)