FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 743799 (9)

1. Corporation Name

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

Principal Place of Business	Mailing Address
TERRACE PARK OF T TOWN 5980 TERRACE PK DR N ST PETERSBURG FL 33709 US	BOUCHER, LARRY 5980 TERRACE PK DR #212 ST PETERSBURG FL 33709 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 08/03/1978	3a. Date of Last Report: 02/06/1995
21	26	4. FEI Number: 59-1923377	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

~~BOUCHER, LARRY~~
5980 TERRACE PARK DR
#212
ST PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name: JOLIN, ARTHUR
82 Street Address (P.O. Box Number is Not Acceptable): 5980 TERRACE PARK DR. N. No 114
83
84 City: ST. PETERSBURG FL 85 Zip Code: 33709

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Arthur Jolin Arthur Jolin President 2/26/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ S-V MAXIN, GEORGE 5980 TERR PARK DR, NO 213 ST PETERSBURG FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D DAULS, ARTHUR 5980 TERR PK. DR. N. No. 107 ST. PETERS BURG, FL. 33709	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~BOUCHER, LAWRENCE~~ ~~5980 TERR PARK DR, NO~~ Deceased ST PETERSBURG, FL 00000	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DALEY, EDWARD 5980 TERRACE PARK DR, #211 ST PETERSBURG FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OVERSCHELDE, GEORGE VAN 5980 TERR PARK DR, NO 313 ST PETERSBURG FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ P JOLIN, ARTHUR 5980 TERRACE PARK DR N NO114 ST PETERSBURG FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	600001730476 -03/04/96--01037--018 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GEORGE J. MAXIN George J. Maxin 1/24/96 546-6948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SEE 2-1-96