FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

5980 TERRACE PARK DR N

ST PETERSBURG FL 33709

21

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name 743799

(9)

Mailing Address BOUCHER, LARRY

2a. Mailing Address

26

5980 TERRACE PK DR #212 ST PETERSBURG FL 33709-1135

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

Suite, Apt. (#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Ac			
City & State)	City & State		-			6. Election Campaign Financin	ia	\$5.00 N	Apu Ro		
23		28					Trust Fund Contribution		Added to			
Zip	Country Zip			Country			8. This corporation has liability for intangible tax under s. 199.032,					
24	25 29 30						Florida Statutes Yes X No					
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
JOLIN, ARTHUR					81 Name 82 Street Address (P.O. Box Number is Not Acceptable)							
												5980 TERRACE PARK DR N
# 114					83							
ST PETERSBURG FL 33709					84 City 85 Zip Code							
								F	L			
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 / THUK JOL/N Signature, typed or printed name of registered agent and title if applicable INDIE: Registered Agent signature required when reinstating) DATE DATE												
12.	Signature, typed or plinted name of registered agent OFFICERS AND	***************************************	E: Régistere	d Ager	nt signaturi	o required s	when reinstating) ADDITIONS/CHANGES TO C	DATE DELCEDO AL	ND DIDECTORS	: INI 12		
TITLE	VS	DELETE	1.1 7	TI F	7	17.	ADDITIONS/GHANGES TO C	III IOENS AI	Change	Addition		
NAME	MAXIN, GEORGE		1.2 N		Þ	79	SEPH MULL	77.70	AC HE	4		
STREET ADDRESS	5980 TERR PARK DR, NO 213	1			address	59	80 TERRACE	IK. IK.	, NO. AC./	ا ا		
CITY-ST-ZIP	AT DETERMINE EL				1.4 CITY+ST-ZIP		SEPH MULL SO TERRACE PETERS BURG	FL	33704			
TITLE	D	DELETE	2.1 TI		1"20	 			Change	Addition		
NAME	PAULS, ARTHUR	***************************************	2.2 N						_ •			
STREET ADDRESS	5980 TERRACE PARK DR N #	DO RETIRED			ADORESS							
CITY-ST-ZIP	ST PETERSBURG FL 33709			2, 4 CITY-ST-ZIP								
TITLE	TD	DELETE	3.1 Ti	TLE		1			Change	Addition		
NAME	DALEY, EDWARD		3.2 N	AME								
STREET ADDRESS	5980 TERRACE PARK DR, #211			3.3 STREET ADDRESS								
CITY-ST-ZIP	ST PETERSBURG FL			3.4. CITY-ST-ZIP								
TITLE	D	☐ DELETE	4.1 11	TLÉ		T	, , , , , , , , , , , , , , , , , , , ,		☐ Change	Addition		
NAME	OVERSCHELDE, GEORGE VAN		4. 2 N	IAME								
STREET ADDRESS	5980 TERR PARK DR, NO 313		4.3 S	TREET	address]						
CITY-S1-ZIP	ST PETERSBURG FL			ITY-SI	7-ZIP	ļ						
TITLE	P	☐ DELETE	51 Ti						Change	Addition		
NAME	JOLIN, ARTHUR	****	.52 N									
STREET ADDRESS	5980 TERRACE PARK DR N NO114			5.3 STREET ADDRESS								
CITY-S1-ZIP	ST PETERSBURG FL			ITY-S	T-ZIP	 				1 2 1 00		
TITLE		DELETE	6.1 Ti						Change	Addition		
NAME			6.2 N									
STREET ADDRESS					ADDRESS							
City-St-ZiP	av certify that the information supplied	with this filing dose not qual		ITY-S		Stated in	Section 119 07/3\fit Florida St	atutos I furti	her certify that ti	he		
14. I do 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 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												

INING OFFICER OR DIRECTOR

FILED

Feb 03 1997 8:00am

Secretary of State

3a. Date of Last Report 03/01/1996

Applied For

Not Applicable

3. Date Incorporated or Qualified 08/03/1978

4. FEI Number 59-1923377