NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name TERRACE PARK OF FIVE TOWNS, NO. 11-A, INC.					[
Principal Place	Principal Place of Business Mailing Address							
5990 TERRACE #213 ST PETERSBUR		GEORGE J. MAX 5980 TERRACE F ST PETERSBURG US	PK DR #213					
2. Principal Pl	ace of Business	2a. Mailing Addr	ess			3. Date Incorporated or Qualifed 08/03/1978		
Suite, Apt. 1	#, etc.	Suite, Apt. #	, etc.	-	<u></u>	4. FEI Number 59-1923377	- 1	
City & State	9	City & State			-	5. Certificate of Status Desired		
Zip	Country 25	Zip 29	Zip Country			6. Election Campaign Financing Trust Fund Contribution	\$5 Ad	
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				81	Name			
LOLIN, ARTHUR 5980 TERRACE PARK DR N			82	Street Ad	ess (P.O. Box Number is Not Acceptable)			
#114	NACE FARK OR N			83				
ST PETERSBURG FL 33709				84	City	F	L 85	
office or re	to the provisions of Sections 617 egistered agent, or both, in the 5 m familiar with, and accept the o	State of Florida. Such char	ige was autho	orized by	the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changir cointment	
SIGNATURE	Signature, typed or printed name of registers	AFHOR	Jo (istered Agen	DGC t signature requi	Sedent /5	199	
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS /		
TITLE	VSD		ELETE	1.1 TITLE	D		Ch:	

FILED Feb 21, 1999 8:00 am Secretary of State

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Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

		81	Name						
THUR		82	Street /	Address (P.O. Box Number is Not Acceptable)					
ACE PARK DR N									
		83				}			
SBURG FL 33709		84	,		FL _	Code			
o 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 gistered 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 in familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registe	<u>·</u>	t signature re	ADDITIONS/CHANGES TO OFFICE	S AND DIRECTO	IRS IN 12	ç		
OFFICERS AND DIRECTORS		TITLE		ADDITIONS/CHANGES TO OFFICE	Change	X Addition	7		
V3D		NAME	•	Alfred Mueller			,		
MAXIN, GEORGE J.				5980 Terrace Park Dr	N #10	16	ç		
5980 TERR PARK DR. N. #213			ADDRESS	St Petersburg, Fl 33	• • • • • • • • • • • • • • • • • • • •	′	Š		
ST PETERSBURG FL 33709		CITY-SI	1-ZIP	20 100010201B, 12)	☐ Change	Addition	ζ		
. –		NAME							
GRIMSLEY, LENNY			ADDRESS			ļ			
5980 TERRACE PARK DR, #205 ST PETERSBURG FL 33709	f -	4 СПY-S	- (
D D		TITLE	1-21-		Change	Addition			
VANOVERSCHELDE, GEORGE	3.2	NAME				1			
5980 TERR PARK DR. N. #313	33	STREET	ADORESS						
ST PETERSBURG FL 33709		I. CITY-S				1			
		TITLE			☐ Change	☐ Addition			
JOLIN, ARTHUR	4.	2 NAME	ì						
5980 TERRACE PARK DR N NO114	4.3	STREET	ADDRESS						
ST PETERSBURG FL 33709	4.4	CITY-S	T-ZIP						
	DELETE 5.1	TITLE			☐ Change	☐ Addition			
KING, GENE	5.2	NAME				İ			
5980 TERRACE PARK DR N., #201	5.3	STREET	ADDRESS						
ST PETERSBURG FL 33709	5.4	CITY-S	t-ZIP	•					
	DELETE 6.	TITLE			Change	☐ Addition			
MULLALLEY, JOSEPH	6.2	NAME				ļ			

14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE NAME

CITY-ST-ZIP TITLE

CITY-ST-ZIP TITLE

NAME

NAME

CITY-ST-ZIP TITLE NAME

CITY-ST-ZIP TITLE

5980 TERRACE PARK DR N., #310

ST PETERSBURG FL 33709