

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90003 008 ****61.25

DOCUMENT # 743799 1. Entity Name TERRACE PARK OF FIVE TOWNS, NO. 11-A, INC.					
Principal Place of Business 5980 TERRACE PARK DR., N. STE 100 ST PETERSBURG, FL 33709			Mailing Address 5980 TERRACE PARK DR., N. STE 100 ST PETERSBURG, FL 33709 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1923377	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHER, PATRICIA T 5980 TERRACE PARK DR., N. # 307 ST PETERSBURG, FL 33709				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ Signed and typed or printed name of registered agent with the last name, first name, middle name, and date.					
Filing Fee is \$61.25 Due by May 1, 2005		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD MUELLER, AL 5980 TERRACE PARK DRIVE N, #106 ST PETERSBURG, FL 33709	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FOULKE, PHILLIP 5980 TERRACE PARK DR, #109 ST PETERSBURG, FL 33709	☒ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD METZGER, GEORGE 5980 TERRACE PARK DRIVE N, #213 - ST PETERSBURG, FL 33709	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FISHER, PATRICIA T 5980 TERRACE PARK DRIVE N, #307 ST PETERSBURG, FL 33709	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DANZIEL, ED 5980 TERRACE PARK DRIVE N, #310 ST PETERSBURG, FL 33709	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD HULBERT, JACQUELINE L 5980 TERRACE PARK DRIVE N, #309 ST PETERSBURG, FL 33709	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D NEELEY, CHRISTINA 5980 TERRACE PARK DR, # 301 ST PETERSBURG, FL 33709	☒ Change ☐ Addition		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u>George Metzger</u> GEORGE METZGER <u>1/7/05</u> <u>(727) 547-2451</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Printing Name					