

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

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

95 MAR -1 PM 2:55

**DOCUMENT # 744139 (7)**  
1. Corporation Name  
**TERRACE PARK OF FIVE TOWNS, NO. 12, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 7851 58TH AVE. #201 ST. PETERSBURG FL 33709 US  
Mailing Address: 7851 58TH AVE. #201 ST. PETERSBURG FL 33709 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/31/1978</b>	3a. Date of Last Report <b>03/01/1994</b>
4. FEI Number <b>59-1962898</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**BUXTON, BRIAN P  
BUXTON PROPERTIES, INC.  
147 BELCHER RD., STE. 2  
LARGO FL 34641**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASCARI, ROSEMARIE	1.2 NAME	<b>P D Siebert, Henry</b>
STREET ADDRESS	7851 58TH AVE., N., #201	1.3 STREET ADDRESS	<b>7951 58th Ave N. # 212</b>
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33709</b>
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, FRAN	2.2 NAME	<b>SD</b>
STREET ADDRESS	7851 58TH AVE., N., #205	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIBBARD, LEROY	3.2 NAME	
STREET ADDRESS	7851 58TH AVE., N., #111	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, PENNY	4.2 NAME	
STREET ADDRESS	7851 58TH AVE., N., #101	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIBERT, HANK	5.2 NAME	<b>T D Hibbard Harold</b>
STREET ADDRESS	7851 58TH AVE., N., #21	5.3 STREET ADDRESS	<b>7951 58th Ave N. # 211</b>
CITY-ST-ZIP	ST. PETERSBURG, FL 00000	5.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33709</b>
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKSTROM, ROBERTA	6.2 NAME	
STREET ADDRESS	7851 58TH AVE., N., #208	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Henry P. Siebert* 2/9/95 813-536-8135  
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Filing Fee