

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 744139 (7)**

1. Corporation Name  
**TERRACE PARK OF FIVE TOWNS, NO. 12, INC.**



Principal Place of Business  
**7951 58TH AVE.  
#201  
ST. PETERSBURG FL 33709  
US**

Mailing Address  
**7951 58TH AVE.  
#201  
ST. PETERSBURG FL 33709  
US**

3. Date Incorporated or Qualified  
**08/31/1978**

3a. Date of Last Report  
**03/01/1995**

4. FEI Number  
**59-1962898**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21  
Suite, Apt. #, etc.

22  
City & State

23  
Zip

24

25

Country

26  
Mailing Address

27  
Suite, Apt. #, etc.

28  
City & State

29  
Zip

30  
Country

**16 Buxton Prop. Inc.**

**147 Belcher Rd-Sk-2**

**Largo, FL**

**34641**

**USA**

**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

85 Zip Code

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIEBERT, HENRY	
STREET ADDRESS	7951 58TH AVENUE N. #212	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HELLER, FRAN	
STREET ADDRESS	7951 58TH AVE., N., #205	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIBBARD, LEROY	
STREET ADDRESS	7951 58TH AVE., N., #111	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERSON, PENNY	
STREET ADDRESS	7951 58TH AVE., N., #101	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HIBBARD, HAROLD	
STREET ADDRESS	7951 58TH AVENUE N. #211	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VICKSTROM, ROBERTA	
STREET ADDRESS	7951 58TH AVE., N., #206	
CITY-ST-ZIP	ST PETERSBURG FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VP SD</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *Frances L. Heller* **FRANCES L. HELLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)