


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

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 C/O BUXTON PROPERTY INC 147 BELCHER ROAD SUITE 2 LARGO FL 34641 US
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3. Date Incorporated or Qualified <b>08/31/1978</b>	Applied For Not Applicable
4. FEI Number <b>59-1962898</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. 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	85. Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SIEBERT, HENRY	<input checked="" type="checkbox"/> DELETE	
NAME	7951 58TH AVENUE N. #212		
STREET ADDRESS	ST. PETERSBURG FL		
CITY-ST-ZIP			
TITLE	SD HELLER, FRAN	<input checked="" type="checkbox"/> DELETE	
NAME	7951 58TH AVE., N., #205		
STREET ADDRESS	ST. PETERSBURG FL		
CITY-ST-ZIP			
TITLE	DVP COBB GEORGE	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7951 58TH AVE N 112		
STREET ADDRESS	ST PETERSBURG, FL 00000		
CITY-ST-ZIP			
TITLE	D PETERSON, PENNY	<input checked="" type="checkbox"/> DELETE	
NAME	7951 58TH AVE., N., #101		
STREET ADDRESS	ST. PETERSBURG FL		
CITY-ST-ZIP			
TITLE	TD HIBBARD, HAROLD	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7951 58TH AVENUE N. #211		
STREET ADDRESS	ST PETERSBURG, FL 00000		
CITY-ST-ZIP			
TITLE	D VICKSTROM, ROBERTA	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7951 58TH AVE., N., #208		
STREET ADDRESS	ST PETERSBURG FL		
CITY-ST-ZIP			

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" 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 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.

SIGNATURE: *[Signature]* DATE: *4/14/98* 544-3971

CR2E037 (10/97)