

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744139

FILED
Jan 07, 2009
Secretary of State

Entity Name: TERRACE PARK OF FIVE TOWNS, NO. 12, INC.

Current Principal Place of Business:

7951 58TH AVEUE NORTH
ST. PETERSBURG, FL 33709 US

New Principal Place of Business:

Current Mailing Address:

8141 54TH AVE. N.
SAINT PETERSBURG, FL 33709 US

New Mailing Address:

FEI Number: 59-1962898 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FLORIDA COMM. PROP. MGMT.
8141 54TH AVE. N.
SAINT PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZIERHOFFER, EDWARD
Address: 7951 58TH AVENUE NORTH #204
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: TD () Delete
Name: COBB, GEORGE
Address: 7951 58TH AVENUE NORTH #112
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: VPD () Delete
Name: GRENDOW, CARL
Address: 7951 58TH AVENUE NORTH #108
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: SD () Delete
Name: MERA, JUAN
Address: 7951 58TH AVENUE NORTH #210
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: D () Delete
Name: HARTMAN, LEE
Address: 7951 58TH AVENUE NORTH #301
City-St-Zip: ST. PETERSBURG, FL 33709 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB KRESNIK

Electronic Signature of Signing Officer or Director

MAN

01/07/2009

_____ Date