


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90280 010 ****61.25

DOCUMENT # 744139
1. Entity Name
TERRACE PARK OF FIVE TOWNS, NO. 12, INC.



Principal Place of Business
7951 58TH AVE.
#204
ST. PETERSBURG FL 33709
US

Mailing Address
C/O BUXTON PROPERTY INC
147 BELCHER ROAD SUITE 2
LARGO FL 34641
US

10110846

2. Principal Place of Business
7951 58TH AVE. N.
Suite, Apt. #, etc.
DELETE
City & State

3. Mailing Address
FIVE TOWNS, LLC
Suite, Apt. #, etc.
8141 54TH AVE N
City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1962898** Applied For Not Applicable

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

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

7. Name and Address of New Registered Agent
Name **SEAN FOLEY**
Street Address (P.O. Box Number is Not Acceptable)
9141 54th Ave. N.
City **St. Pete** FL Zip Code **33709**

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 Sean Foley *[Signature]* 7/22/03
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	S BARBEE, CAROL <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7951 58 N 310	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	CITY-ST-ZIP	
TITLE NAME	P ZIERHOFFER, EDWARD <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7951 58TH AVE. NO #204	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709	CITY-ST-ZIP	
TITLE NAME	WALKER, CAROL <input type="checkbox"/> Delete	TITLE NAME	S CAROL WALKER <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7951 58TH AVE. NO #212	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709	CITY-ST-ZIP	
TITLE NAME	D GRENOW, CARL <input type="checkbox"/> Delete	TITLE NAME	GRENOW, CARL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7951 58TH AVE #108	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	CITY-ST-ZIP	
TITLE NAME	D SCHWEITZER, EDW <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7951 58 AV N 102	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	P JACOBS, MARVIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	7951 58 AVE N. 306
CITY-ST-ZIP		CITY-ST-ZIP	ST. PETERSBURG FL 33709

12. 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 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: EDWARD ZIERHOFFER *[Signature]* 7/10/03 722-544-9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)