

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 AM 8: 33

DOCUMENT # 744812 (9)

TERRACE PARK OF FIVE TOWNS, NO. 15, INC.

Principal Place of Business Mailing Address
7975 58TH AVE. N. ST. PETERSBURG FL 33709
1700-MCMULLEN-BOOTH-ROAD
SUITE 03
CLEARWATER-FL-34610
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1978 3a. Date of Last Report 03/16/1994
4. FEI Number 59-2043175 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 25 7975 58th Ave. N.
22 Suite, Apt. #, etc. 26 Jefferson Bldg.
23 City & State 27 St Petersburg FL
24 Zip 28 33709 29 Country 30 U.S.

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ZACUR, RICHARD A
MENSH, ZACUR & GRAHAM P.A.
5200 CENTRAL AVE
ST PETERSBURG FL 33733

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
Zacur & Graham P.A.
B3
B4 City FL B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GLICHER, MYRON
STREET ADDRESS	7975-58TH AVE. N
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	NICKERSON, ELMER
STREET ADDRESS	7975-58TH AVE. N.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	SD
NAME	HILL, VIRGINIA C.
STREET ADDRESS	7975-58TH AVE. N
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	TD
NAME	GILCHER, HELEN
STREET ADDRESS	7975-58TH AVE. N
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	DVP
NAME	HALEY, JUNE
STREET ADDRESS	7975-58TH AVE. N
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	BREWER, RUTH
STREET ADDRESS	7975-58TH AVE. N
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D James Hill
2.3 STREET ADDRESS	7975 58th Ave N.
2.4 CITY - ST - ZIP	St Petersburg FL 33709
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 checked="" type="checkbox"/> Addition
6.2 NAME	D Brendan Bresnahan
6.3 STREET ADDRESS	7975 58th Ave N.
6.4 CITY - ST - ZIP	St Petersburg FL 33709

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)(b), 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: Myron Glicher Myron Glicher 1/29/95 (813) 360-8143
Signature AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR (Date) (Phone Number)