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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90069 031 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744812

1. Corporation Name
TERRACE PARK OF FIVE TOWNS, NO. 15, INC.

Principal Place of Business 7975 58TH AVE. N. ST. PETERSBURG FL 33709	Mailing Address 7975 58TH AVE. N. JEFFERSON BLDG. ST. PETERSBURG FL 33709 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/02/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2043175
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ZACUR, RICHARD A ZACUR & GRAHAM P.A. 5200 CENTRAL AVE ST PETERSBURG FL 33733	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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GILCHER, MYRON	1.1 TITLE	Sec'y, Trés. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILCHER, MYRON	1.2 NAME	
STREET ADDRESS	7975 58TH AVE N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	D HILL, VERNE	2.1 TITLE	V. Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, VERNE	2.2 NAME	Kay Trawczynski
STREET ADDRESS	7975 58TH AVE	2.3 STREET ADDRESS	7975 58th Ave N.
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	D DENTINE, FRANCES	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENTINE, FRANCES	3.2 NAME	Frances Hodgkins
STREET ADDRESS	7975-58TH AVE. N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	TD GILCHER, HELEN	4.1 TITLE	Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILCHER, HELEN	4.2 NAME	Henry Futterknecht
STREET ADDRESS	7975-58TH AVE. N	4.3 STREET ADDRESS	7975 58th Ave N.
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	VPD BRESNAHAN, BRENDAN	5.1 TITLE	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRESNAHAN, BRENDAN	5.2 NAME	
STREET ADDRESS	7975 58TH AVE. N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERBURG FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Myron Gilcher **MYRON GILCHER** 1/19/99 727-531-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)