

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # 744813 (7)

1. Corporation Name  
 TERRACE PARK OF FIVE TOWNS, NO. 16, INC.



Principal Place of Business Mailing Address  
 5705 80TH STREET NORTH 5705 80TH STREET NORTH  
 ST.PETERSBURG FL 33709 ST.PETERSBURG FL 33709

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		11/02/1978		04/12/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1975358		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution			
24	25	29	30	<input type="checkbox"/>			
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
KRIZEK, LORRAINE				<input type="checkbox"/> Yes <input type="checkbox"/> No			
5705 80 ST. NO. UNIT 204							
ST. PETERSBURG FL 33709							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KRIZEK, LORRAINE 5705 80 ST. NO. UNIT 204 ST. PETERSBURG FL 33709				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 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	SD CONGRANO, FRANK	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5705 80TH ST N. APT. 312	1.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD MACDONALD, STEPHEN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5705 80TH STREET NORTH #416	2.2 NAME	
STREET ADDRESS	ST PETERSBURG, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD KRIZEK, LORRAINE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5705 80TH ST N	3.2 NAME	
STREET ADDRESS	ST PETERSBURG, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD RACETTE, ALBERT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5705 80TH STREET NORTH #302	4.2 NAME	
STREET ADDRESS	ST PETERSBURG, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D TOTA, NICHOLAS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5705 80TH STREET N #212	5.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	5.3 STREET ADDRESS	D RILEY, LOIS
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5705 80th Street N.
TITLE	D LAROCHÉ, LIONEL	6.1 TITLE	St. Petersburg, FL
NAME	5705 80TH ST N	6.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ST PETERSBURG, FL 00000	6.3 STREET ADDRESS	D RIGAUX, GEORGIA
CITY-ST-ZIP		6.4 CITY-ST-ZIP	5705 80th St. N.
			St. Petersburg, FL

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 119.07(3)(k), 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: Lorraine Krizek 6/10/96 813/546-2381  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)