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**Apr 07 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morthart**  
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  
ST.PETERSBURG FL 33709**      **5705 80TH STREET NORTH  
ST.PETERSBURG FL 33709-6805**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/02/1978**      **06/14/1996**

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

23 City & State      28 City & State

24 Zip      25 Country      29 Zip      30 Country

4. FEI Number      Applied For  
**59-1975358**      Not Applicable

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

6. Election Campaign Financing       **\$5.00 May Be  
Trust Fund Contribution      Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes       Yes       No

**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      85 Zip Code  
**FL**

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      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	PD PRESIDENT DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONGRANO, FRANK	1.2 NAME	CANGIANO, FRANKLIN
STREET ADDRESS	5705 80TH ST N. APT. 312	1.3 STREET ADDRESS	5705 80th St. N. Apt 312
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD VICE PRESIDENT - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACDONALD, STEPHEN	2.2 NAME	WILDA P. SMITH
STREET ADDRESS	5705 80TH STREET NORTH #416	2.3 STREET ADDRESS	5705 80th St. N. #215
CITY-ST-ZIP	ST PETERSBURG, FL 00000	2.4 CITY-ST-ZIP	St. Petersburg, FL 33709
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIZEK, LORRAINE	3.2 NAME	KRIZEK, LORRAINE
STREET ADDRESS	5705 80TH ST N	3.3 STREET ADDRESS	5705 80th St. N. #204
CITY-ST-ZIP	ST PETERSBURG, FL 00000	3.4 CITY-ST-ZIP	St. Petersburg, FL 33709
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACETTE, ALBERT	4.2 NAME	
STREET ADDRESS	5705 80TH STREET NORTH #302	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, LOIS	5.2 NAME	RILEY, LOIS
STREET ADDRESS	5705 80TH ST. N.	5.3 STREET ADDRESS	5705 80th Street N.
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	St. Petersburg, FL 33709
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	SD SECRETARY - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGAU, GEORGIA	6.2 NAME	RIGAU, GEORGIA
STREET ADDRESS	5705 80TH ST. N.	6.3 STREET ADDRESS	5705 80th St. N.
CITY-ST-ZIP	ST PETERSBURG, FL 00000	6.4 CITY-ST-ZIP	St. Petersburg, FL 33709

14. I do 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.

**SIGNATURE:** *Lorraine Krizek*      **Lorraine Krizek, 3/15/97 813/546-2381**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone

CR2E037 (9/96)