

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **747933** (0)

1. Corporation Name

TERRACE PARK OF FIVE TOWNS, NO. 18, INC.



Principal Place of Business

Mailing Address

5971 TERRACE PARK DR.N.
ST. PETERSBURG FL 33709
US

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ST. PETERSBURG FL 33709
US

3. Date Incorporated or Qualified 06/29/1979	3a. Date of Last Report 04/19/1995
4. FEI Number 59-1992439 ✓	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Country

9. Name and Address of Current Registered Agent

WARREN FERNES
5971 TERRACE
#102
ST.PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81. Name RENY SHERRILL	82. Street Address (P.O. Box Number is Not Acceptable) 5971 Terrace Pk. Dr. No.
83. City DORCHESTER # 302	84. State FL
85. Zip Code 33709	

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 Reny Sherrill (RENY SHERRILL) Treas./D DATE Feb 16, 1996

12. OFFICERS AND DIRECTORS		DELETED
TITLE PD	NAME BASSI, FREDIRICK	<input checked="" type="checkbox"/>
STREET ADDRESS 5971 TERRACE PK DR, N	CITY - ST - ZIP ST PETERSBURG FL	
TITLE TD	NAME ECKERSON, MARION	<input checked="" type="checkbox"/>
STREET ADDRESS 5971 TERRACE PK DR, N	CITY - ST - ZIP ST PETERSBURG FL 33709	
TITLE SD	NAME WELLING, HELEN	<input type="checkbox"/>
STREET ADDRESS 5971 TERRACE PK DR, N	CITY - ST - ZIP ST PETERSBURG FL	
TITLE VP	NAME PFALZNER PAUL	<input checked="" type="checkbox"/>
STREET ADDRESS 5971 TERRACE PK DR, N	CITY - ST - ZIP ST PETERSBURG FL 33709	
TITLE D	NAME YOUNGVORST, JOANNE	<input checked="" type="checkbox"/>
STREET ADDRESS 5971 TERACE PK DR N	CITY - ST - ZIP ST PETERSBURG FL	
TITLE <input type="checkbox"/>	NAME <input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS <input type="checkbox"/>	CITY - ST - ZIP <input type="checkbox"/>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE VP	1.2 NAME Sarah Galfano,	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3 STREET ADDRESS 5971 Terrace Park. Dr. No.	1.4 CITY - ST - ZIP St. Petersburg, FL		
2.1 TITLE D	2.2 NAME Viola Ehos	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3 STREET ADDRESS 5971 Terrace Pk. Dr. No.	2.4 CITY - ST - ZIP St. Petersburg, FL 33709		
3.1 TITLE <input type="checkbox"/>	3.2 NAME <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS <input type="checkbox"/>	3.4 CITY - ST - ZIP <input type="checkbox"/>		
4.1 TITLE Pres.	4.2 NAME Andy Trobia	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.3 STREET ADDRESS 5971 Terr. Pk. Dr. No.	4.4 CITY - ST - ZIP st. Petersburg, Fl. 33709		
5.1 TITLE Treas.	5.2 NAME Reny Sherrill,	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.3 STREET ADDRESS 5971 Terr. Pk. Dr. No.	5.4 CITY - ST - ZIP St. Petersburg, Fl. 33709		
6.1 TITLE <input type="checkbox"/>	6.2 NAME <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS <input type="checkbox"/>	6.4 CITY - ST - ZIP <input type="checkbox"/>		

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: Reny Sherrill DATE: 2/16/96 DAYTIME PHONE #: 813/546-1387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Reny Sherrill Treasurer

CR2E037 (12/95)