

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90166 033 ****61.25

DOCUMENT # 747933
 1. Entity Name
 TERRACE PARK OF FIVE TOWNS, NO. 18, INC.



Principal Place of Business
 5971 TERRACE PARK DR.N.
 ST. PETERSBURG, FL 33709 US

Mailing Address
 C/O RCM PROPERTY MGMT, INC.
 PO BOX 47364
 ST PETE, FL 33743

40079928



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04102007 Chg-NP CR2E037 (12/06)

City & State
 City & State

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

Zip Country
 Zip Country

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

6. Name and Address of Current Registered Agent
 MOODY, RANDY C
 6157 31ST AVENUE NORTH
 ST. PETERSBURG, FL 33710

7. Name and Address of New Registered Agent -

PLEASE REENTER
 OUR FEI NUMBER

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE RANDY C. MOODY [Signature] 04-19-2007
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIMMEL, ALMA 5971 TERRACE PARK DRIVE # 202 SAINT PETERSBURG, FL 33709 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYON, JEAN 5971 TERRACE PARK DRIVE # 104 SAINT PETERSBURG, FL 33709 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GIETZEN, DONNA 5971 TERRACE SAINT PETERSBURG, FL 33709 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FURIO, SHIRLEY 5971 TERRACE PARK DRIVE, # 209 SAINT PETERSBURG, FL 33709 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENSMORE, HAROLD 5971 TERRACE PARK DR. # 108 ST. PETERSBURG, FL 33709 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'CONNOR, JANIS 5971 TERRACE PARK DR. N. #310 ST. PETERSBURG, FL 33709 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harold Densmore HAROLD DENSMORE 04-19-2007 727-515-4653
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #