


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90009 040 ****61.25

DOCUMENT # 751313

1. Entity Name
TERRACE PARK OF FIVE TOWNS, NO. 23, INC.



Principal Place of Business
**6070 80TH ST N, APT #23
 ST PETERSBURG, FL 33709**

Mailing Address
**8141-54 TH AVENUE NORTH
 SAINT PETERSBURG, FL 33709**

94024111



02102004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State

4. FEI Number
59-2161866

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

FOLEY, SEAN M
8141 54TH AVENUE NORTH
SAINT PETERSBURG, FL 33709

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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	P RYAN, PATRICK 6070 80TH ST. N #114 ST. PETERSBURG, FL 33709 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RALSTON, JIM 6070 80TH ST. N #103 SAINT PETERSBURG, FL 33709 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERRARA, EVELYN 6070 80TH ST. N #106 SAINT PETERSBURG, FL 33709 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORMAN, GEORGE 6070 80TH ST. N #102 SAINT PETERSBURG, FL 33709 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AIELLO, CAMILE 6070 80TH AVENUE NORTH # 308 SAINT PETERSBURG, FL 33709 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALOGH, BARBARA 6070 80TH ST. N #212 SAINT PETERSBURG, FL 33709 <input checked="" 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	S FERRARA, EVELYN 6070 80TH ST. #106 ST. PETERSBURG, FL 33709 <input checked="" 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	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFIETH, ORVILLE 6070 80TH ST #115 ST. PETERSBURG, FL 33709 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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: James S. Ralston **JAMES S. RALSTON** **2-25-04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #