

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 751315 (3)

1. Corporation Name

TERRACE PARK OF FIVE TOWNS, NO. 21, INC.

95 FEB -8 AM 9:40

Principal Place of Business Mailing Address
5975 TERRACE PARK DRIVE NO ST PETERSBURG FL 33709 8141 54TH AVE N ST PETE FL 33709 US

DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 02/28/1980 | 3a. Date of Last Report 03/11/1994 |
| 4. FBI Number 59-2226804 | Applied For 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 |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent
PROPERTY ASSET MGMT/WARREN SCHOB
8141 54TH AVE N
ST PETE FL 33709

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------|
| TITLE | PD |
| NAME | KELLNER, FREDERICK |
| STREET ADDRESS | 5975 TERRACE PARK DR N. |
| CITY - ST - ZIP | ST PETERSBURG FL |
| TITLE | TD |
| NAME | SINCLAIR, GEORGE |
| STREET ADDRESS | 5975 TERRACE PARK DR NO |
| CITY - ST - ZIP | ST PETERSBURG FL |
| TITLE | D |
| NAME | VINGENT, CARREA |
| STREET ADDRESS | 5975 TERRACE PARK DR NO |
| CITY - ST - ZIP | ST PETERSBURG FL |
| TITLE | D |
| NAME | MILLER, RICHARD |
| STREET ADDRESS | 5975 TERRACE PARK DR NO |
| CITY - ST - ZIP | ST PETERSBURG FL |
| TITLE | D |
| NAME | HUGHES, TESS |
| STREET ADDRESS | 5975 TERRACE PARK DR NO |
| CITY - ST - ZIP | ST PETERSBURG FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | SMITH, WILLIAM |
| 3.3 STREET ADDRESS | 5975 TERRACE PARK DR NO |
| 3.4 CITY - ST - ZIP | ST PETERSBURG FL 33709 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | AINSWORTH, THELMA |
| 4.3 STREET ADDRESS | 5975 TERRACE PARK DR NO. |
| 4.4 CITY - ST - ZIP | ST. PETERSBURG FL 33709 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | KLEIN, MIRIAM |
| 6.3 STREET ADDRESS | 5975 TERRACE PARK DR NO. |
| 6.4 CITY - ST - ZIP | ST. PETERSBURG FL 33709 |

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frederick M. Kellner / FREDERICK M. KELLNER 2/3/95 813-546-2465