

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **751315 (3)**  
1. Corporation Name  
**TERRACE PARK OF FIVE TOWNS, NO. 21, INC.**



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

3. Date Incorporated or Qualified: **02/28/1980**  
3a. Date of Last Report: **02/08/1995**  
4. FEI Number: **59-2226804**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22 805**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
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: **81 Name: Andrea Gennari**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City: FL 85 Zip Code**

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: *Andreas Gennari* *Andrea Gennari* **1/23/96**  
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KELLNER, FREDERICK	
STREET ADDRESS	5975 TERRACE PARK DR N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SINCLAIR, GEORGE	
STREET ADDRESS	5975 TERRACE PARK DR NO	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, WILLIAM	
STREET ADDRESS	5975 TERRACE PARK DR NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AINSWORTH, THELMA	
STREET ADDRESS	5975 TERRACE PARK DR NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, TESS	
STREET ADDRESS	5975 TERRACE PARK DR NO	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, MIRIAM	
STREET ADDRESS	5975 TERRACE PARK DR NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Robert Olson	
23 STREET ADDRESS	5975 Terrace Park Dr N.	
24 CITY-ST-ZIP	St. Petersburg FL	
31 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Lorraine Posey	
43 STREET ADDRESS	5975 Terrace Park Dr. N.	
44 CITY-ST-ZIP	St. Petersburg FL	
51 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Elizabeth Stahlhut	
53 STREET ADDRESS	5975 Terrace Park Dr. N.	
54 CITY-ST-ZIP	St. Petersburg FL	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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: *Lorraine Posey* *Lorraine Posey* **1/25/96** *President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone #

CR2E037 (12/95)