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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
5975 TERRACE PARK DRIVE NO #205 ST PETERSBURG FL 33709 US
8141 54TH AVE N ST PETE FL 33709-7054 US

3. Date Incorporated or Qualified **02/28/1980** 3a. Date of Last Report **02/13/1996**
 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 2a. Mailing Address
 21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
GENNARI, ANDREA
8141 54TH AVE N
ST PETE FL 33709

10. Name and Address of New Registered Agent
 81 Name **SUSAN HIOTT**
 82 Street Address (P.O. Box Number is Not Acceptable) **C/O PROPERTY ASSET MANAGEMENT**
 83 **8141 54th AVENUE N**
 84 City **ST. PETERSBURG 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 *Susan Hiott Community Management* 3-10-97
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input checked="" 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 | |
| TITLE | VP <input checked="" 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 | OLSEN, ROBERT |
| STREET ADDRESS | 5975 TERR PARK DR, NORTH |
| CITY-ST-ZIP | ST PETERSBURG FL |
| TITLE | P <input checked="" type="checkbox"/> DELETE |
| NAME | POSEY, LORRAINE |
| STREET ADDRESS | 5975 TERR PARK DR, NORTH |
| CITY-ST-ZIP | ST PETERSBURG FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | FREDERICK KELLNER |
| 1.3 STREET ADDRESS | 5975 TERRACE PARK DR N, #102 |
| 1.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33709 |
| 2.1 TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | ROBERT OLSON |
| 2.3 STREET ADDRESS | 5975 TERRACE PARK DR N, #205 |
| 2.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33709 |
| 3.1 TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | ELIZABETH STAHLHUT |
| 3.3 STREET ADDRESS | 5975 TERRACE PARK DR N., #202 |
| 3.4 CITY-ST-ZIP | ST. PETERSBURG, FL. 33709 |
| 4.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | MARIE DIBISCEGLIE |
| 4.3 STREET ADDRESS | 5975 TERRACE PARK DR N., #110 |
| 4.4 CITY-ST-ZIP | ST. PETERSBURG, FL. 33709 |
| 5.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | MILDRED KIEHBROTH |
| 5.3 STREET ADDRESS | 5975 TERRACE PARK DRIVE N. #305 |
| 5.4 CITY-ST-ZIP | ST. PETERSBURG, FL. 33709 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 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: *Frederick M. Kellner* 1/12/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050660

CR2E037 (9/96)