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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
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
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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1/27/97** Daytime Phone # **0050660**

CR2E037 (9/96)