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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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 US

3. Date Incorporated or Qualified  
02/28/1980  
4. FEI Number  
59-2226804  
Applied For Not Applicable

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

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
HIOTT, SUSAN  
C/O PROPERTY ASSET MANAGEMENT  
8141 54TH AVE N  
ST PETE FL 33709

10. Name and Address of New Registered Agent  
81 Name LYN SORENSEN  
82 Street Address (P.O. Box Number is Not Acceptable) 8141 54th AVENUE  
83  
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: *[Signature]* DATE: 1-20-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KELLNER, FREDERICK	
STREET ADDRESS	5975 TERRACE PARK DR N., #102	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SINCLAIR, GEORGE	
STREET ADDRESS	5975 TERRACE PARK DR NO	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STAHLHUT, ELIZABETH	
STREET ADDRESS	5975 TERRACE PARK DR N., #202	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIBISCEGLIE, MARIE	
STREET ADDRESS	5975 TERRACE PARK DR N., #110	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	OLSON, ROBERT	
STREET ADDRESS	5975 TERRACE PARK DR N., #204	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIEHBROTH, MILDRED	
STREET ADDRESS	5975 TERRACE PARK DR N., #305	
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	DICK SADOWSKI	
1.3 STREET ADDRESS	5975 TERRACE PARK DR. N., #109	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARIE DIBISCEGLIE	
2.3 STREET ADDRESS	5975 TERRACE PARK DR. N., #110	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Richard J. Sadowski* RICHARD J. SADOWSKI 3/11/98

CR2E037 (10/97)