


FILE NOW: FILING FEE IS \$61.25

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

3. Date Incorporated or Qualified
02/28/1980

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

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 (B.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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KELLNER, FREDERICK	1.1 TITLE	PD DICK SADOWSKI
STREET ADDRESS	5975 TERRACE PARK DR N., #102	1.2 NAME	5975 TERRACE PARK DR. N., #109
CITY-ST-ZIP	ST PETERSBURG FL	1.3 STREET ADDRESS	ST. PETERSBURG, FL. 33709
	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	TD SINCLAIR, GEORGE	2.1 TITLE	TD MARIE DIBISCEGLIE
STREET ADDRESS	5975 TERRACE PARK DR NO	2.2 NAME	5975 TERRACE PARK DR. N., #110
CITY-ST-ZIP	ST PETERSBURG FL	2.3 STREET ADDRESS	ST. PETERSBURG, FL. 33709
	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	S STAHLHUT, ELIZABETH	3.1 TITLE	
STREET ADDRESS	5975 TERRACE PARK DR N., #202	3.2 NAME	
CITY-ST-ZIP	ST PETERSBURG FL	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	D DIBISCEGLIE, MARIE	4.1 TITLE	
STREET ADDRESS	5975 TERRACE PARK DR N., #110	4.2 NAME	
CITY-ST-ZIP	ST PETERSBURG FL	4.3 STREET ADDRESS	
	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	VP OLSON, ROBERT	5.1 TITLE	
STREET ADDRESS	5975 TERRACE PARK DR N., #204	5.2 NAME	
CITY-ST-ZIP	ST PETERSBURG FL	5.3 STREET ADDRESS	
	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	D KIEHBROTH, MILDRED	6.1 TITLE	
STREET ADDRESS	5975 TERRACE PARK DR N., #305	6.2 NAME	
CITY-ST-ZIP	ST PETERSBURG FL	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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)