

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0061839

03-19-2001 90007 018 ****61.25

DOCUMENT # 751315

1. Entity Name

TERRACE PARK OF FIVE TOWNS, NO. 21, INC.

Principal Place of Business

5975 TERRACE PARK DRIVE NO
 #205
 ST PETERSBURG FL 33709
 US

Mailing Address

8141 54TH AVE N
 ST PETE FL 33709
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2226804

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GARCIA, SUSAN
8141 54TH AVE
ST. PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name

Van Vulpen, Anna

Street Address (P.O. Box Number is Not Acceptable)

8141 54th Ave. N.

St. Petersburg

City

FL

Zip Code

33709

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Anna Van Vulpen

2-21-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SINCLAIR, GEORGE	
STREET ADDRESS	5975 TERRACE PARK DR. N., #208	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIBISCEGLIE, MARIE	
STREET ADDRESS	5975 TERRACE PARK DR. N., #110	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KEELER, MARYANN	
STREET ADDRESS	5975 TERRANCE PARK DR. N., #103	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	T	<input type="checkbox"/> Delete
NAME	KIEHBROTH, MILDRED	
STREET ADDRESS	5975 TERRACE PARK DR N., #305	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORS, VERNER	
STREET ADDRESS	5975 TERRACE PARK DR. N., #308	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIVIGILI, GUY	
STREET ADDRESS	5975 TERRACE PARK D. N., #205	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maryann Keeler, Pres.	
STREET ADDRESS	5975 Terrace Park Dr. N. #103	
CITY-ST-ZIP	St. Petersburg, FL 33709	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARYANN KEELER MARYANN KEELER

Date

Daytime Phone #

3-12-01

CR2E037 (10/00)