

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751315

FILED  
Jan 12, 2009  
Secretary of State

**Entity Name:** TERRACE PARK OF FIVE TOWNS, NO. 21, INC.

**Current Principal Place of Business:**

5975 TERRACE PARK DRIVE NORTH  
ST PETERSBURG, FL 33709 US

**New Principal Place of Business:**

**Current Mailing Address:**

FLORIDA COMMUNITY PROP MGMT  
8141 54TH AVE NORTH  
SAINT PETERSBURG, FL 33709 US

**New Mailing Address:**

**FEI Number:** 59-2226804      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORIDA COMM PROP MGMNT LLC  
8141 54TH AVE N  
SAINT PETERSBURG, FL 33709 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PDS ( ) Delete  
Name: KEELER, MARYANN  
Address: 5975 TERRACE PARK DR NORTH #103  
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: VP ( ) Delete  
Name: SINCLAIR, GEORGE  
Address: 5975 TERRACE PARK DR. NORTH #208  
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: D ( ) Delete  
Name: DIBISCEGLIE, MARIE  
Address: 5975 TERRACE PARK DR. NORTH # 110  
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: D ( ) Delete  
Name: FORS, VERNER  
Address: 5975 TERRACE PK DRIVE N #308  
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: T ( ) Delete  
Name: JOHNSON, ROBERT  
Address: 5975 TERRACE PK DRIVE N #111  
City-St-Zip: SAINT PETERSBURG, FL 33709

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYANN KEELER

P

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date