

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744130 (6)

1. Corporation Name

TERRACE PARK OF FIVE TOWNS, NO. 12-A, INC. A CON
DOMINIUM

Principal Place of Business

59900 TERRACE PARK DR N
SHOREVIEW W. BLDG.
ST PETERSBURG FL 33709

Mailing Address

59900 TERRACE PARK DR N
SHOREVIEW W. BLDG.
ST PETERSBURG FL 33709



3. Date Incorporated or Qualified
08/31/1978

3a. Date of Last Report
03/06/1995

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

29

9. Name and Address of Current Registered Agent

PARKER, CARL G.
3835 CENTRAL AVENUE
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name MARCHINI, STANLEY
82 Street Address (P.O. Box Number is Not Acceptable)
5990 TERRACE PARK DR. N.
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 STANLEY MARCHINI

(NOTE: Registered Agent's signature required when constituting)

DATE

1/31/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETED
T	MARCHINI, STANLEY	5990 TERRACE PARK DR N	ST PETERSBURG FL	☐
P	MCCORMICK, THOMAS	5990 TERRACE PK DR. N.	ST PETERSBURG FL	☐
D	LEBEDA, JIM W	5990 TERRACE PARK DR N	ST PETERSBURG FL	☐
D	ADAMS, JOHN	5990 TERRACE PARK DR N	ST PETERSBURG FL	☒
S	BRADSHAW, ROSE	5990 TERRACE PARK DR N	ST PETERSBURG FL	☒
D	HIMES, WILLIAM F	5990 TERR PARK DR N #302	ST PETERSBURG FL	☐

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	☐	☒
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	☐	☒
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY MARCHINI

1/31/96

CR2E037 (12/95)