

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90191 050 ****61.25

DOCUMENT # 744484

1. Entity Name
**TERRACE PARK OF FIVE TOWNS, NO. 14, INC. A
CONDOMINIUM**



Principal Place of Business

**147 N. BELCHER RD.
SUITE 2
LARGO, FL 33771**

Mailing Address

**147 N. BELCHER RD.
SUITE 2
LARGO, FL 33771**

DO NOT WRITE IN THIS SPACE



04262004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1972828

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRIAN P. BUXTON
147 N. BELCHER RD.
SUITE 2
LARGO, FL 33771**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRITSVOLD, MARGARET
STREET ADDRESS	5969 TERRACE PARK DRIVE., UNIT 206
CITY-ST-ZIP	ST. PETERSBURG, FL 33770
TITLE	T
NAME	WERTEL, RONALD
STREET ADDRESS	5969 TERRACE PARK DRIVE., UNIT 208
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709
TITLE	SD LOIS HOTTENROTH
NAME	GUERIN, DEANNA
STREET ADDRESS	5969 TERRACE PARK DRIVE., UNIT 106 309
CITY-ST-ZIP	ST. PETERSBURG, FL 33770
TITLE	TD MAE LAMBERT
NAME	FRANK, RICHARD
STREET ADDRESS	5969 TERRACE PARK DRIVE., UNIT 106 303
CITY-ST-ZIP	ST. PETERSBURG, FL 33770
TITLE	VP
NAME	FROMHOLZ, DON
STREET ADDRESS	5969 TERRACE PARK DR UNIT 205
CITY-ST-ZIP	ST. PETERSBURG, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2004 727-538-0034
Date Day/Time Phone #