## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 744484**

FILED Mar 19, 2009 Secretary of State

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

Current Pr	incipal Place of Business:	New Princi	New Principal Place of Business:		
147 N. BEL SUITE 2 LARGO, FL	.CHER RD. _ 33771	4585 140 AV SUITE 1012 CLEARWAT			
Current Ma	ailing Address:	New Mailing	g Address:		
147 N. BEL SUITE 2 LARGO, FL	.CHER RD. _ 33771	4585 140 AV SUITE 1012 CLEARWAT			
FEI Number:	59-1972828 FEI Number Applied For ( ) F	El Number Not Applic	cable ( ) Certificate of Status Desired ( )		
Name and	Address of Current Registered Agent:	Name and A	Address of New Registered Agent:		
BRIAN P. BUXTON 147 N. BELCHER RD. SUITE 2 LARGO, FL 33771 US		4585 140TH SUITE 1012 CLEARWAT	CLEARWATER, FL 33762 US		
	named entity submits this statement for the purp of Florida.	ose of changing its	s registered oπice or registered agent, or both,		
SIGNATUR	RE: KIRK BLISS		03/19/2009		
	Electronic Signature of Registered Agent		Date		
OFFICERS	S AND DIRECTORS:	ADDITIONS	S/CHANGES TO OFFICERS AND DIRECTORS	<b>;</b> :	
Title: Name: Address: City-St-Zip:	PD () Delete SHARP, EMILY 5969 TERRACE PARK DRIVE, UNIT 301 ST. PETERSBURG, FL 33709	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	T () Delete LINDEMAN, BETTY 5969 TERRACE PARK DRIVE., UNIT 305 SAINT PETERSBURG, FL 33709	Name: Address:	D (X) Change ( ) Addition JOHNSON, MARGO 5969 TERRACE PARK DRIVE., UNIT 110 SAINT PETERSBURG, FL 33709		
Title: Name: Address: City-St-Zip:	SD () Delete HOTTENROTH, LOIS 5969 TERRACE PARK DRIVE, UNIT 309 SAINT PETERSBURG, FL 33770	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () Delete GENTHNER, HENRY 5969 TERRACE PARK DRIVE #109 SAINT PETERSBURG, FL 33709	Name: Address:	T (X) Change ( ) Addition GENTHNER, HENRY 5969 TERRACE PARK DRIVE #109 SAINT PETERSBURG, FL 33709		
Title: Name: Address: City-St-Zip:	VP () Delete LAMBERT, MAY 5969 TERRACE PARK DRIVE #303 SAINT PETERSBURG, FL 33709	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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: EMILY SHARP P 03/19/2009