

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739445

**FILED
Mar 28, 2013
Secretary of State
CC8318169448**

Entity Name: TERRACE PARK OF FIVE TOWNS, NO. 10, INC.

Current Principal Place of Business:

4585 140TH AVE N
1012
CLEARWATER, FL 33762

Current Mailing Address:

4585 140TH AVE N
1012
CLEARWATER, FL 33762 US

FEI Number: 59-2079584

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS
4585 140TH AVE N.
1012
CLEARWATER, FL 33762 US

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

Officer/Director Detail :

Title P
Name THOMAS, LORRAINE
Address 4585 140TH AVE N SUITE 1012
City-State-Zip: CLEARWATER FL 33762

Title S
Name KAMERLIZ, SHARI
Address 4585 140TH AVE N SUITE 1012
City-State-Zip: CLEARWATER FL 33762

Title VP/T
Name GAGE, PATRICIA
Address 4585 140TH AVE N SUITE 1012
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name COMLEY, NEDRA
Address 5967 TERRACE PARK DR. N #B204
City-State-Zip: ST. PETERSBURG FL 33709

Title DIRECTOR
Name BARTO, DONNA
Address 5925 TERRACE PARK N #A102
City-State-Zip: ST. PETERSBURG FL 33709

I hereby 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 all other like empowered.

SIGNATURE: LORRAINE THOMAS

PRESIDENT

03/28/2013

Electronic Signature of Signing Officer/Director Detail

Date