## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 739445** 

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

FILED Feb 24, 2016 Secretary of State CC7512387590

## **Current Principal Place of Business:**

9887 FOURTH STREET NORTH

SUITE 301

ST. PETERSBURG, FL 33702

## **Current Mailing Address:**

9887 FOURTH STREET NORTH SUITE 301

ST. PETERSBURG, FL 33702 US

FEI Number: 59-2079584 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ASSOCIA GULF COAST, INC 9887 FOURTH STREET NORTH SUITE 301

ST. PETERSBURG, FL 33702 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: MICHAEL FLEMING 02/24/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title VI

Name DELAPAZ, GIOVANNI Name THOMAS, LORRAINE

Address 9887 FOURTH STREET NORTH Address 9887 FOURTH STREET NORTH

SUITE 301 SUITE 301

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER Title SECRETARY

Name GAGE, PAT Name VAUGHAN, DEBRA

Address 9887 FOURTH STREET NORTH Address 9887 FOURTH STREET NORTH

SUITE 301 SUITE 301

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR

Name SCANLINE, EUGENE

Address 9887 FOURTH STREET NORTH

SUITE 301

City-State-Zip: ST. PETERSBURG FL 33702

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: GIOVANNI DELAPAZ

**PRESIDENT** 

02/24/2016