

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739445

FILED
Feb 27, 2014
Secretary of State
CC4606489176

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

Current Principal Place of Business:

9887 FOURTH STREET NORTH
301
ST. PETERSBURG, FL 33702

Current Mailing Address:

9887 FOURTH STREET NORTH
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
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: MARLENE SHAW

02/27/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name THOMAS, LORRAINE
Address 5980 TERRACE PARK DR N #211
City-State-Zip: ST. PETERSBURG FL 33709

Title S
Name KAMERLIZ, SHARI
Address 5925 TERRACE PARK DR N #A208
City-State-Zip: ST. PETERSBURG FL 33709

Title VP/S
Name GAGE, PATRICIA
Address 5925 TERRACE PARK DR N #A202
City-State-Zip: ST. PETERSBURG FL 33709

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

Title TREASURER
Name GAGNON, PATRICIA
Address 5967 TERRACE PARK DR N #B202
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

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date