

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743799

**Entity Name:** TERRACE PARK OF FIVE TOWNS, NO. 11-A, INC.**Current Principal Place of Business:**5980 TERRACE PARK DRIVE N  
ST. PETERSBURG, FL 33709**Current Mailing Address:**C/O HOLIDAY ISLES PROPERTY MGMT, INC.  
11350 66TH STREET NORTH SUITE 124  
LARGO, FL 33773 US**FEI Number:** 59-1923377**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLIDAY ISLES PROPERTY MANAGEMENT, INC.  
HOLIDAY ISLES PROPERTY MANAGEMENT, INC.  
11350 66TH STREET NORTH SUITE 124  
LARGO, FL 33773 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:** ROBERT BABCOCK

04/26/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                      |
|-----------------|--------------------------------------|
| Title           | VP                                   |
| Name            | WILLIS, MELISSA                      |
| Address         | 11350 66TH STREET NORTH<br>SUITE 124 |
| City-State-Zip: | LARGO FL 33773                       |

|                 |                                      |
|-----------------|--------------------------------------|
| Title           | PRESIDENT                            |
| Name            | O'NEIL, CYNTHIA L                    |
| Address         | 11350 66TH STREET NORTH<br>SUITE 124 |
| City-State-Zip: | LARGO FL 33773                       |

|                 |                                      |
|-----------------|--------------------------------------|
| Title           | DIRECTOR                             |
| Name            | BITTRICH, JOHN                       |
| Address         | 11350 66TH STREET NORTH<br>SUITE 124 |
| City-State-Zip: | LARGO FL 33773                       |

|                 |                                      |
|-----------------|--------------------------------------|
| Title           | TREASURER                            |
| Name            | THOMAS, LORRAINE J                   |
| Address         | 11350 66TH STREET NORTH<br>SUITE 124 |
| City-State-Zip: | LARGO FL 33773                       |

|                 |                                      |
|-----------------|--------------------------------------|
| Title           | DIRECTOR                             |
| Name            | MILLER, PAMELA                       |
| Address         | 11350 66TH STREET NORTH<br>SUITE 124 |
| City-State-Zip: | LARGO FL 33773                       |

*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:** CYNTHIA O'NEIL

PRESIDENT

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date