

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744130

Entity Name: TERRACE PARK OF FIVE TOWNS, NO. 12-A, INC. A
CONDOMINIUM**FILED**
Feb 29, 2016
Secretary of State
CC8364841986**Current Principal Place of Business:**5990 TERRACE PARK DR N
SHOREVIEW W. BLDG.
ST PETERSBURG, FL 33709**Current Mailing Address:**9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702 US**FEI Number: 59-1962898****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****02/29/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HARMAN, JENNY
Address	9887 FOURTH STREET NORTH SUITE 301
City-State-Zip:	ST. PETERSBURG FL 33702

Title	TREASURER
Name	SCOTT, PHYLLIS
Address	9887 FOURTH STREET NORTH SUITE 301
City-State-Zip:	ST. PETERSBURG FL 33702

Title	SECRETARY
Name	BOISSONNEAULT, GUY
Address	9887 FOURTH STREET NORTH SUITE 301
City-State-Zip:	ST. PETERSBURG FL 33702

Title	DIRECTOR
Name	HAINES, RICHARD
Address	9887 FOURTH STREET NORTH SUITE 301
City-State-Zip:	ST. PETERSBURG FL 33702

Title	DIRECTOR
Name	BARTLETT, CATHERINE
Address	9887 FOURTH STREET NORTH SUITE 301
City-State-Zip:	ST. PETERSBURG FL 33702

Title	DIRECTOR
Name	HARKINS, KATHY
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: JENNY HARMAN**PRESIDENT****02/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date