

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744139

**FILED**  
**Jan 25, 2023**  
**Secretary of State**  
**5618097469CC**

**Entity Name:** TERRACE PARK OF FIVE TOWNS, NO. 12, INC.

**Current Principal Place of Business:**

7951 58TH AVE NORTH  
ST. PETERSBURG, FL 33709

**Current Mailing Address:**

8141 54TH AVE N  
ST. PETERSBURG, FL 33709 US

**FEI Number: 59-1962898**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VESTA PROPERTY SERVICES, INC.  
8141 54TH AVE N  
ST PETERSBURG, FL 33709 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            PRESIDENT  
Name            PUSATERI, RICHARD  
Address        8141 54TH AVE. N  
City-State-Zip: ST PETE FL 33709

Title            TREASURER  
Name            WEBER, KEN  
Address        8141 54TH AVE N  
City-State-Zip: ST. PETERSBURG FL 33709

Title            SECRETARY  
Name            MARCKESE, LINDA  
Address        8141 54TH AVE. N  
City-State-Zip: ST. PETERSBURG FL 33709

Title            DIRECTOR  
Name            YOUNG, GEORGEANNA  
Address        8141 54TH AVE. N  
City-State-Zip: ST. PETERSBURG FL 33709

Title            DIRECTOR  
Name            VOORHEES, TERRI WEST  
Address        8141 54TH AVE. N  
City-State-Zip: ST. PETERSBURG FL 33709

Title            DIRECTOR  
Name            SIEGFRIED, KATHY  
Address        8141 54TH AVE. N  
City-State-Zip: ST. PETERSBURG FL 33709

Title            DIRECTOR  
Name            DAVIS, HOWARD  
Address        8141 54TH AVE N  
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: RICHARD PUSATERI**

**PRESIDENT**

**01/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date