

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744484

Entity Name: TERRACE PARK OF FIVE TOWNS, NO. 14, INC. A
CONDOMINIUM**FILED**
Feb 16, 2016
Secretary of State
CC9793982764**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: 59-1972828****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****02/16/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	SHARP, EMILY
Address	9887 FOURTH STREET NORTH SUITE 301
City-State-Zip:	ST. PETERSBURG FL 33702

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

Title	T
Name	SHARP, ALEX
Address	9887 FOURTH STREET NORTH SUITE 301
City-State-Zip:	ST. PETERSBURG FL 33702

Title	VP
Name	HERSHMAN, DONALD
Address	9887 FOURTH STREET NORTH SUITE 301
City-State-Zip:	ST. PETERSBURG FL 33702

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

Title	DIRECTOR
Name	COLE, ROBERT
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: EMILY SHARP**PRESIDENT****02/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date