

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744484

Entity Name: TERRACE PARK OF FIVE TOWNS, NO. 14, INC. A
CONDOMINIUM**Current Principal Place of Business:**4585 140 AVENUE N
SUITE 1012
CLEARWATER, FL 33762**Current Mailing Address:**4585 140 AVENUE N
SUITE 1012
CLEARWATER, FL 33762**FEI Number:** 59-1972828**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT CONCEPTS, INC
4585 140TH AVENUE N
SUITE 1012
CLEARWATER, FL 33762 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 PD
Name SHARP, EMILY
Address 5969 TERRACE PARK DR #301
City-State-Zip: ST PETERSBURG FL 33709

Title S
Name LIONDEMAN, GERARD
Address 5969 TERRACE PARK DR #305
City-State-Zip: ST PETERSBURG FL 33770

Title VP
Name ROCHE, CHUCK
Address 5969 TERRACE PARK DR #302
City-State-Zip: ST PETERSBURG FL 33709

Title D
Name HERSHMAN, TERRY
Address 5969 TERRACE PARK DR #204
City-State-Zip: ST PETERSBURG FL 33709

Title T
Name SHARP, ALEXANDER
Address 5969 TERRACE PARK DR #301
City-State-Zip: ST PETERSBURG FL 33709

Title DIRECTOR
Name JOHNSON, MARGO
Address 5969 TERRACE PARK DR N #110
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: EMILY SHARP

PRESIDENT

03/28/2013

Electronic Signature of Signing Officer/Director Detail

Date