

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744812

**Entity Name:** TERRACE PARK OF FIVE TOWNS, NO. 15, INC.

**Current Principal Place of Business:**

7975 58TH AVENUE NORTH  
ST. PETERSBURG, FL 33709

**Current Mailing Address:**

THE PROFESSIONAL CENTER  
7800 66TH STREET N SUITE 205  
PINELLAS PARK, FL 33781 US

**FEI Number:** 59-2043175

**Certificate of Status Desired:** No

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

WELTON, RONALD D  
THE PROFESSIONAL CENTER  
7800 66TH STREET N SUITE 205  
PINELLAS PARK, FL 33781 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 P  
Name HILL, VERNE  
Address THE PROFESSIONAL CENTER  
7800 66TH STREET N SUITE 205  
City-State-Zip: PINELLAS PARK FL 33781

Title VP  
Name BRESNAHAN, DAN  
Address THE PROFESSIONAL CENTER  
7800 66TH STREET N SUITE 205  
City-State-Zip: PINELLAS PARK FL 33781

Title ST  
Name TILTON, YVONNE  
Address THE PROFESSIONAL CENTER  
7800 66TH STREET N SUITE 205  
City-State-Zip: PINELLAS PARK FL 33781

Title D  
Name REDOVIAN, ANDY  
Address THE PROFESSIONAL CENTER  
7800 66TH STREET N SUITE 205  
City-State-Zip: PINELLAS PARK FL 33781

Title D  
Name RINALDO, THOMAS  
Address THE PROFESSIONAL CENTER  
7800 66TH STREET N SUITE 205  
City-State-Zip: PINELLAS PARK FL 33781

*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:** VERNE HILL

**PRESIDENT**

**04/22/2013**

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

\_\_\_\_\_  
Date