

**2015 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

**FILED**  
**Mar 12, 2015**  
**Secretary of State**  
**CC7528221416**

**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:**

CONDOMINIUM MGMT GROUP  
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: RONALD D WELTON**

**03/12/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	RINALDO, THOMAS A
Address	THE PROFESSIONAL CENTER 7800 66TH STREET N SUITE 205
City-State-Zip:	PINELLAS PARK FL 33781
Title	SECRETARY, TREASURER
Name	GALLAGHER, ALICE
Address	THE PROFESSIONAL CENTER 7800 66TH STREET N SUITE 205
City-State-Zip:	PINELLAS PARK FL 33781

Title	VP
Name	MARTIN, JOE
Address	THE PROFESSIONAL CENTER 7800 66TH STREET N SUITE 205
City-State-Zip:	PINELLAS PARK FL 33781
Title	DIRECTOR
Name	MAC DONALD, ARCHIE
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: THOMAS RINALDO**

**P**

**03/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date