

**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

**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 VP  
Name MARTIN, JOE  
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 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