

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751313

Entity Name: TERRACE PARK OF FIVE TOWNS, NO. 23, INC.**Current Principal Place of Business:**6070 80TH ST N
APT #23
ST PETERSBURG, FL 33709**Current Mailing Address:**9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702 US**FEI Number:** 59-2161866**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

01/27/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name RYAN, PATRICK
Address 9887 FOURTH STREET NORTH
SUITE 301
City-State-Zip: ST. PETERSBURG FL 33702

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

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

Title S
Name THOMSON, JERALYN
Address 9887 FOURTH STREET NORTH
SUITE 301
City-State-Zip: ST. PETERSBURG FL 33702

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

Title DIRECTOR
Name SULLIVAN, NANCY
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: CAROL VAN CLEAVE

PRESIDENT

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date