

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90112 030 \*\*\*\*61.25

<b>DOCUMENT # 740164</b> 1. Entity Name <b>TERRACE PARK OF FIVE TOWNS, NO. 11, INC.</b>					
Principal Place of Business <b>7941 58 AVE NORTH</b> <b>SAINT PETERSBURG, FL 33709 US</b>				Mailing Address <b>8141 54TH AVENUE N</b> <b>SAINT PETERSBURG, FL 33709 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-1980305</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01182007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>FOLEY, SEAN M</b> <b>8141 54TH AVE N</b> <b>ST PETERSBURG, FL 33709</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MONTFORD, JOAN</b> <b>7941 58TH AVE N, #103</b> <b>ST PETERSBURG, FL 33709</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>NETTI, LYNN</b> <b>7941 58TH AVE N, #112</b> <b>ST PETERSBURG, FL 33709</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RODERER, CAROLYN</b> <b>7941 58TH AVE NORTH #103</b> <b>ST PETERSBURG, FL 33709</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CLOSE, KEVIN</b> <b>7941 58TH AVE N #204</b> <b>ST PETERSBURG, FL 33709</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NICHOLS, ROBERT</b> <b>7941 58TH AVE. N #108</b> <b>SAINT PETERSBURG, FL 33709</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gondza, ANNA (Director)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>7941-58th Ave. N #211</b> <b>ST PETERSBURG FL 33709</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Hugh Donnelly</b> <b>7941 58th Ave N #203</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Carolyn Roderer</i> <b>(CAROLYN RODERER)</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1/23/07</b> <b>727-546-3762</b> <small>Date Daytime Phone #</small>		