
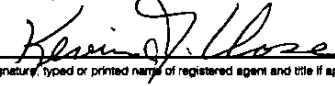
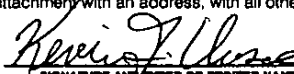


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 740164</b>			
1. Entity Name TERRACE PARK OF FIVE TOWNS, NO. 11, INC.			
Principal Place of Business 7941 58 AVE NORTH SAINT PETERSBURG, FL 33709 US		Mailing Address <del>8141 54TH AVENUE N</del> 7941 58 AVE N SAINT PETERSBURG, FL 33709 US UNIT 103	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7941 58th AVE N. Suite, Apt. #, etc. 103	
Suite, Apt. #, etc.		10302008 REIN-NP CR2E099 (1/07)	
City & State		City & State ST. PETERSBURG, FL	
Zip		4. FEI Number 59-1980305	
Country		Applied For Not Applicable	
33709		USA	
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
FOLEY, SEAN M 8141 54TH AVE N ST PETERSBURG, FL 33709		7. Name and Address of New Registered Agent	
		Name KEVIN CLOSE	
		Street Address (P.O. Box Number is Not Acceptable) 7941 58th AVE. N. UNIT 111	
		City ST. PETERSBURG FL	
		Zip Code 33709	
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 		DATE 10/30/08	
SIGNATURE TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTFORD, JOAN 7941 58TH AVE N, #103 ST PETERSBURG, FL 33709 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600137601076 11/04/08--01009--014 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NETTI, LYNN 7941 58TH AVE N, #112 ST PETERSBURG, FL 33709 <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	P RODERER, CAROLYN 7941 58TH AVE NORTH #103 ST PETERSBURG, FL 33709 <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	T CLOSE, KEVIN 7941 58TH AVE N #204 ST PETERSBURG, FL 33709 <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	S NICHOLS, ROBERT 7941 58TH AVE. N #108 SAINT PETERSBURG, FL 33709 <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	D GONDZA, ANNA 7944 58TH AVE #214 SAINT PETERSBURG, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: 		SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KEVIN J. CLOSE	
		Date 10/30/08	
		Daytime Phone # 727-544-2163	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11/500