2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Jun 09, 2008 **DOCUMENT# 744484** Secretary of State

Entity Name: TERRACE PARK OF FIVE TOWNS, NO. 14, INC. A CONDOMINIUM

Current Principal Place of Business: New Principal Place of Business:

147 N. BELCHER RD. SUITE 2 LARGO, FL 33771

New Mailing Address: Current Mailing Address:

147 N. BELCHER RD. SUITE 2 LARGO, FL 33771

FEI Number: 59-1972828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRIAN P. BUXTON 147 N. BELCHER RD. SUITE 2 LARGO, FL 33771 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED

() Delete (X) Change () Addition FROMHOLZ, DON SHARP, EMILY Name: Name: 5969 TERRACE PARK DRIVE, UNIT 205 Address: 5969 TERRACE PARK DRIVE, UNIT 301 Address: City-St-Zip: ST. PETERSBURG, FL 33770 City-St-Zip: ST. PETERSBURG, FL 33709

Title: Title: (X) Change () Addition () Delete

WERTEL, RONALD Name: LINDEMAN, BETTY Name:

Address: 5969 TERRACE PARK DRIVE., UNIT 208 Address: 5969 TERRACE PARK DRIVE., UNIT 305 City-St-Zip: SAINT PETERSBURG, FL 33709 City-St-Zip: SAINT PETERSBURG, FL 33709

Title: SD () Delete Title: () Change () Addition

HOTTENROTH, LOIS Name: Name: 5969 TERRACE PARK DRIVE, UNIT 309 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33770 City-St-Zip:

Title: D () Delete Title: (X) Change () Addition Name: ROCHE, CHUCK Name: GENTHNER, HENRY 5969 TERRACE PARK DRIVE #302 5969 TERRACE PARK DRIVE #109 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33709 City-St-Zip: SAINT PETERSBURG, FL 33709

Title: () Delete Title: () Change (X) Addition

LAMBERT, MAY Name: Name:

5969 TERRACE PARK DRIVE #303 Address: Address: City-St-Zip: City-St-Zip: SAINT PETERSBURG, FL 33709

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD COOK LCAM 06/09/2008