

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90056 013 ****61.25

DOCUMENT # 749560					
1. Entity Name TERRACE PARK OF FIVE TOWNS, NO.17, INC.					
Principal Place of Business 5980 80TH ST N APT # 405 ST PETERSBURG, FL 33709 US			Mailing Address % BUXTON PROPERTIES, INC. 147 N. BELCHER ROAD LARGO, FL 33771 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2090241	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUXTON, BRIAN P BUXTON PROPERTIES, INC. 147 N. BELCHER RD. #2 LARGO, FL 33771			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE VPD NAME BRUSHABER, BUD STREET ADDRESS 5980 80TH STREET N, #103 CITY - ST - ZIP SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete				
TITLE D NAME DAUGNAARD, VELORIS STREET ADDRESS 5980-80TH ST N. #410 CITY - ST - ZIP ST PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete				
TITLE S NAME BRUSHABER, LUCY STREET ADDRESS 5980 -80TH ST. NO #103 CITY - ST - ZIP SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete				
TITLE P NAME AMANN, CARL STREET ADDRESS 5980-90TH ST N. #401 CITY - ST - ZIP ST. PETERSBURG, FL 339709	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE V NAME BILL THOMAS STREET ADDRESS 5980 80TH ST. N. # 303 CITY - ST - ZIP ST. PETERSBURG, FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME MARILYN DUFF STREET ADDRESS 5980 80TH ST. N. #111 CITY - ST - ZIP ST. PETERSBURG, FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Edward Beckham</u>		04/11/2007		727-538-0034	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	