

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 749561 (7)
 1. Corporation Name
TERRACE PARK OF FIVE TOWNS, NO. 19, INC.



Principal Place of Business 5970-80TH ST NORTH ST PETERSBURG FL 33709	Mailing Address 5970-80TH ST NORTH ST PETERSBURG FL 33709
---	---

3. Date Incorporated or Qualified 10/30/1979	3a. Date of Last Report 04/18/1995
4. FEI Number 59-2142863	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
--	---

9. Name and Address of Current Registered Agent
ROCHOWIAK, JOHN H.
5970 80TH ST. N.
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL	86 Zip Code
---------	---	----	---------	-------	-------------

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: John H. Rochowiak *John H. Rochowiak* 2/13/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE	NAME	GILJE, PAUL H	STREET ADDRESS	5970 - 80TH ST., N., #403	CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D	<input type="checkbox"/> DELETE	NAME	WHITNEY, LOUISE	STREET ADDRESS	5970 80TH ST. N. #211	CITY - ST - ZIP	ST PETERSBURG FL
TITLE	TD	<input type="checkbox"/> DELETE	NAME	BURKE, RAYMOND H	STREET ADDRESS	5970 - 80TH ST., N., #101	CITY - ST - ZIP	ST PETERSBURG FL
TITLE	S	<input type="checkbox"/> DELETE	NAME	GOLDBACH, ROSE	STREET ADDRESS	5970 - 80TH ST., N., #103	CITY - ST - ZIP	ST PETERSBURG FL
TITLE	VD	<input type="checkbox"/> DELETE	NAME	GIRVIN, LORI	STREET ADDRESS	5970 - 80TH ST., N., #312	CITY - ST - ZIP	ST PETERSBURG FL
TITLE	D	<input type="checkbox"/> DELETE	NAME	GOLDBACH, RICHARD	STREET ADDRESS	5970 80TH ST. N. #103	CITY - ST - ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	12 NAME	BENT NEGOTIAM	13 STREET ADDRESS	5970 80th Street North #306	14 CITY - ST - ZIP	St Petersburg, FL
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	22 NAME	LIBBY WISF	23 STREET ADDRESS	5970 80th St. North #415	24 CITY - ST - ZIP	St Petersburg, FL
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME		33 STREET ADDRESS		34 CITY - ST - ZIP	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME		43 STREET ADDRESS		44 CITY - ST - ZIP	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME		53 STREET ADDRESS		54 CITY - ST - ZIP	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME		63 STREET ADDRESS		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond H. Burke *Raymond H. Burke* 1/29/96 813-546-8801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE/PHONE #

CR2E037 (12/95)