

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749562

FILED  
Apr 08, 2011  
Secretary of State

**Entity Name:** TERRACE PARK OF FIVE TOWNS NO. 20, INC.

**Current Principal Place of Business:**

5973 TERRACE PARK DR N  
ST PETERSBURG, FL 33709

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 60068  
ST PETERSBURG, FL 337840068

**New Mailing Address:**

C/O COMMUNITY MANAGEMENT CONCEPTS, INC  
4585 140TH AVE N, SUITE 1012  
CLEARWATER, FL 33762

**FEI Number:** 59-2174345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WELTON, RONALD D  
5444 PARK BLVD  
#101  
ST PETERSBURG, FL 33781 US

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

C/O COMMUNITY MANAGEMENT CONCEPTS, INC  
C/O 4585 140TH AVE N,  
SUITE 1012  
CLEARWATER, FL 33762 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: KIRK BLISS

04/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: BOLLINGER, LIZ  
Address: 5973 TERRACE PARK DR N., #109  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: ST  
Name: JORDAN, NANCY  
Address: 5973 TERR PARK DR N 308  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D  
Name: MALLOY, PATTY  
Address: 5973 TERR. PARK DR N #307  
City-St-Zip: ST. PETERSBURG, FL 33709

Title: PD  
Name: CATE, JULIA  
Address: 5973 TERRACE PARK DR N., #201  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D  
Name: GLYNN, ROBERTA  
Address: 5973 TERRACE PARK DRIVE N  
City-St-Zip: ST PETERSBURG, FL 33709 US

I hereby 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 all other like empowered.

SIGNATURE: JULIA CATE

PD

04/08/2011

Electronic Signature of Signing Officer or Director

Date