

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749562

FILED
Feb 29, 2012
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:

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

New Mailing Address:

FEI Number: 59-2174345 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.
4285 140TH AVE N - STE. 1012
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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: _____

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: T
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: S
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

02/29/2012

Electronic Signature of Signing Officer or Director

Date