
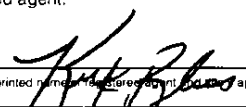
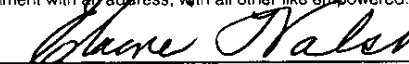


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90015 034 ****61.25

DOCUMENT # 765760															
1. Entity Name TERRACE PARK OF FIVE TOWNS NO. 27, INC.															
Principal Place of Business 8199 TERRACE GARDEN DRIVE NORTH ST. PETERSBURG, FL 33709 US			Mailing Address 7300 PARK STREET SEMINOLE, FL 33777 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 59-2617706											
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required											
6. Name and Address of Current Registered Agent CO/ RESOURCE PROPERTY MANAGEMENT 7300 PARK STREET SEMINOLE, FL 33777			7. Name and Address of New Registered Agent <table border="0" style="width:100%;"> <tr> <td style="width:10%;">Name</td> <td>KIRK BLISS</td> </tr> <tr> <td>Street</td> <td>CMC</td> </tr> <tr> <td></td> <td>4175 East Bay Dr., Suite 205</td> </tr> <tr> <td>City</td> <td>Clearwater, FL 33764</td> </tr> <tr> <td>Zip Code</td> <td></td> </tr> </table>			Name	KIRK BLISS	Street	CMC		4175 East Bay Dr., Suite 205	City	Clearwater, FL 33764	Zip Code	
Name	KIRK BLISS														
Street	CMC														
	4175 East Bay Dr., Suite 205														
City	Clearwater, FL 33764														
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 			DATE <u>3/17/08</u>												
(NOTE: Registered Agent signature required when reinstating)			DATE												
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees											
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10													
TITLE P	NAME WALSH, ELAINE		<input type="checkbox"/> Delete												
STREET ADDRESS 8199 TERRACE GARDEN DRIVE N. #206	CITY-ST-ZIP ST. PETERSBURG, FL 33709														
TITLE T	NAME PENNER, ELAINE		<input checked="" type="checkbox"/> Delete												
STREET ADDRESS 8199 TERRACE GARDEN DRIVE N. #112	CITY-ST-ZIP ST. PETERSBURG, FL 33709														
TITLE VP	NAME BETANCOURT, MIGUEL		<input checked="" type="checkbox"/> Delete												
STREET ADDRESS 8199 TERRACE GARDEN DRIVE N. #312	CITY-ST-ZIP ST. PETERSBURG, FL 33709														
TITLE S	NAME DUTENHAVER, JUDY		<input checked="" type="checkbox"/> Delete												
STREET ADDRESS 8199 TERRACE GARDEN DRIVE N. #405	CITY-ST-ZIP ST. PETERSBURG, FL 33709														
TITLE D	NAME LONDON, VICKIE		<input checked="" type="checkbox"/> Delete												
STREET ADDRESS 8199 TERRACE GARDEN DRIVE N. #414	CITY-ST-ZIP ST. PETERSBURG, FL 33709														
TITLE D	NAME KELTNER, RUTH		<input checked="" type="checkbox"/> Delete												
STREET ADDRESS 8199 TERRACE GARDEN DRIVE N. #202	CITY-ST-ZIP ST PETERSBURG, FL 33709														
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 my address, with all other like empowered.			SIGNATURE: 												
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>3/16/08</u>												
Daytime Phone #			Daytime Phone #												