2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765760

FILED Mar 25, 2009 Secretary of State

Entity Name: TERRACE PARK OF FIVE TOWNS NO. 27, INC.

Current Principal Place of Business: New Principal Place of Business: 8199 TERRACE GARDEN DRIVE NORTH ST. PETERSBURG, FL 33709 **Current Mailing Address: New Mailing Address:** 4585 140TH AVE NORTH 7300 PARK STREET SEMINOLE, FL 33777 US **SUITE 1012** CLEARWATER, FL 33762 US FEI Number: 59-2617706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COMMUNITY MANAGEMENT CONCEPTS, INC. 4585 140TH AVE. NORTH SUITE 1012 CLEARWATER, FL 33762 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WALSH, ELAINE Name: Name: 8199 TERRACE GARDEN DRIVE N. #206 Address: Address: City-St-Zip: ST. PETERSBURG, FL 33709 US City-St-Zip: Title: () Delete Title: (X) Change () Addition MORRIS, IRVIN Name: MORRIS, IRVIN Name: Address: 8190 TERRACE GARDEN DR STE 110 Address: 8199 TERRACE GARDEN DR # 110 City-St-Zip: SAINT PETERSBURG, FL 33709 US City-St-Zip: SAINT PETERSBURG, FL 33709 US Title: () Delete Title: (X) Change () Addition MIDDLETON, JAMES D PENNER, ELAINE Name: Name: 8199 TERR GARDEN DR Address: Address: 8199 TERR GARDEN DR #112 City-St-Zip: SAINT PETERSBURG, FL 33709 US City-St-Zip: SAINT PETERSBURG, FL 33709 US (X) Change () Addition Title: () Delete Title: Name: HELMS, HENRY D Name: HELMS, HENRY D 8199 TERRACE GARDEN DR 8199 TERRACE GARDEN DR #101 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33709 US City-St-Zip: SAINT PETERSBURG, FL 33709 US Title: () Delete Title: () Change (X) Addition DOOLEY, MARY Name: Name: 8199 TERRACE GARDEN DE #105 Address: Address: City-St-Zip: City-St-Zip: ST PETERSBURG, FL 33709

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELAINE WALSH P 03/25/2009