2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765760

FILED Mar 25, 2010 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 US

Current Mailing Address:

New Mailing Address:

4585 140TH AVE NORTH SUITE 1012

FEI Number: 59-2617706

112 S.W. MONROE CIRCLE N.

FEI Number Applied For ()

SAINT PETERSBURG, FL 33703 US

CLEARWATER, FL 33762 US

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 US

ELITE ASSOCIATION MANAGEMENT. 112 S.W. MONROE CIRCLE N.

SAINT PETERSBURG, FL 33703 US

T. .

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: GERRIE RAY

03/25/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Γitle: I

Name: PENNER, ELAINE

Address: 8199 TERRACE GARDEN DRIVE N. #112 City-St-Zip: ST. PETERSBURG, FL 33709 US

Title: VF

Name: EVERHART, CAROL Address: 16107 6TH STREET N.

City-St-Zip: MADEIRA BEACH, FL 33708 US

Title: S

Name: LONDON, VICKI

Address: 8199 TERR GARDEN DR #414 City-St-Zip: SAINT PETERSBURG, FL 33709 US

Title:

Name: HELMS, HENRY D

Address: 8199 TERRACE GARDEN DR #101 City-St-Zip: SAINT PETERSBURG, FL 33709 US

Title: [

Name: DANNER, DONALD

Address: 8199 TERRACE GARDEN DR #111 City-St-Zip: ST PETERSBURG, FL 33709

Title:

Name: KNOUS, ALICE

Address: 8199 TERRACE GARDEN DR. #208 City-St-Zip: SAINT PETERSBURG, FL 33709

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: ELAINE PENNER

PD

03/25/2010