FILE NOW: FILING FEE IS $61.25

FILED
Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **765930** **(3)**

1. Corporation Name

TERRACE PARK OF FIVE TOWNS NO. 25, INC.

Principal Place of Business	Mailing Address
6188 80TH ST. NORTH APT - 308 ST. PETERSBURG FL 33709 US	6188 80TH ST. NORTH APT. 308 ST. PETERSBURG FL 33709-7020 US

3. Date Incorporated or Qualified: 12/02/1982
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

4. FEI Number: 59-2451022 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GENNARI, ANDREA
8141 54TH AVE N
ST PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name: SUSAN HIOTT
82 Street Address (P.O. Box Number is Not Acceptable): c/o PROPERTY ASSET MANAGMENT
83: 8141 54th AVENUE N.
84 City: ST. PETERSBURG **FL** 85 Zip Code: 33709

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Susan Hiott Manager/Agent 3-3-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MEIER, JOHN H.		1.2 NAME	MEL GLANZROCK	
STREET ADDRESS	6188 80TH ST. NORTH APT. 308		1.3 STREET ADDRESS	6188 80TH STREET N., #103	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	TIGNE, JOHN		2.2 NAME	JOE CLARK	
STREET ADDRESS	6188 80TH ST NORTH, APT 310		2.3 STREET ADDRESS	6188 80th STREET N., #304	
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709	
TITLE	S	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	SELLGMAN, BETTY		3.2 NAME	EILEEN REHBACH	
STREET ADDRESS	6188 80TH ST NORTH, APT 404		3.3 STREET ADDRESS	6188 80th STREET N., #204	
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709	
TITLE	D	☐ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	BROWN, JAMES		4.2 NAME	LILLIAN EDEN	
STREET ADDRESS	6188 80TH ST NORTH, APT 402		4.3 STREET ADDRESS	6188 80th STREET N., #209	
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HYATT, FRANK		5.2 NAME	BOB MCKAY	
STREET ADDRESS	6188 80TH ST NORTH, APT 407		5.3 STREET ADDRESS	6188 80th STREET N., #406	
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	SELIGMAN, EDWARD L		6.2 NAME	LAMBERT BITTINGER	
STREET ADDRESS	6188 80TH ST NO #404		6.3 STREET ADDRESS	6188 80th STREET N., #307	
CITY-ST-ZIP	ST PETERSBURG FL		6.4 CITY-ST-ZIP	ST. PETERSBURG, Fl. 33709	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0050623