FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 765930

1. Corporation Name

(3)

TERRACE PARK OF FIVE TOWNS NO. 25, INC.

FILED Apr 15 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address			f Dali Diali Bibil aith diali dioil bìri Jobi	
6188 BOTH ST. NORTH		6186 BOTH ST. NORTH		3. Date Incorporated or Qualified	đ	
APT - 308 St. Petersburg fl 33709		APT. 308 St. Petersburg fl. 33709		12/02/1982 4. FEI Number		
us		US			Applied For	
2. Principal Place of Business 2a. Malling Address		IMCO SA	59-2451022	Not Applicable S8.75 Additional		
21		28 8/41-54-	avocue YIO	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a	7. Is this nonprofit corporation a homeowners association?	
Zip Country		28 St. Petersburg, Fl. Zip Country		2 This correction owns or has	Yes No 8. This corporation owes or has paid the current year intangible	
24	25	- 2211.6 F	อ <i>ันร</i> ์	Personal Property Tax due Jui		
	9. Name and Address of Current		81 Name	10. Name and Address of New I		
			LYN SORENSEN			
	HIOTT, SUSAN			82 Street Address (P.O. Box Number is Not Accentable) 8 1 4 1 5 4 t D AVENUE N		
C/O PROPERTY ASSET. MANAGMENT 8141 54TH AVE. N. 83				DIAI DAGII NATIVOT	2 14	
	RSBURG FL 33709					
			84 City	ST. PETERSBURG	FL B3 709	
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 rec						
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 .		7	/* (<i>\(\cdot \)</i>	70-98	
12.		DIRECTORS (NOTE: F	Registered Agent signature 13.	e required when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTORS IN 12	
TITLE	OFFICERS AND	DIRECTORS DELETE	1.1 TITLE A	BILL BRAVER	Change Addition	
NAME	GLANZROCK, MEL		1.2 NAME		- · A	
STREET ADDRESS	6188 80TH STREET N., #103		1.3 STREET ADDRESS	6188-80 STN #308 STPETERS BURG		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	STPETERS BURG	· · · · · · · · · · · · · · · · · · ·	
TITLE	VP	☐ DELETE	2.1 TITLE		Change Addition	
NAME	CLARK, JOE		2.2 NAME			
STREET ADDRESS	6188 80TH STREET N., #304 ST PETERSBURG FL		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	S PEIENSPUNG FL	₩ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	SD	Change Addition	
NAME	REHBACH, CILEEN-		3.2 NAME	MEL GLANZROCK	<u> </u>	
STREET ADDRESS	6188-80TH STREET N., #204		3.3 STREET ADDRESS	6188 80th STREET	r N., #103	
CITY-ST-ZIP	ST PETERSBURG FL-		3.4. CITY-ST-ZIP	ST. PETERSBURG.	•	
TITLE	T	☐ DELETE	4.1 TITLE		Change Addition	
NAME	EDEN, LILLIAN		4. 2 NAME			
STREET ADDRESS	6188 80TH STREET N., #209		4.3 STREET ADDRESS			
CITY - ST - ZIP	ST PETERSBURG FL	☑ DELETE	4.4 CITY - ST - ZIP	P	VIVI Change Addition	
TITLE NAME	MCKAY, BOB	DET DETEN	5.1 TITLE 5.2 NAME	BOB MCKAY	XIXI Change	
STREET ADDRESS	6188 80TH STREET N., #406		5.3 STREET ADDRESS	6188 80th STREET	N 4406	
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY - ST - ZIP	ST. PETERSBURG, I	N, #4U0 Pi	
TITLE	D	☐ DELETE	6.1 TITLE	D	Change XXX Addition	
NAME	BITTINGER, LAMBERT		6.2 NAME	BOB PERRY		
STREET ADDRESS	6188 80TH STREET N., #307		6.3 STREET ADDRESS	6188 80th STREET	N., #301	
CITY-ST-ZIP	ST PETERSBURG FL	200	6.4 CITY-ST-ZIP	ST PETERSBURG F ed in Section 119.07(3)(i), Florida Statutes	71.	
indicated	certify that the information supplied with on this annual report or supplemental :	i this filing does not qualify for t annual report is true and accur	the exemption state and that my sig	ad in Section 119.07(3)(i), Florida Statutes Inature shall have the same legal effect as	. I further certify that the information s if made under oath; that I am an	
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 of the receives of trustee provides to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, a parameter with an address.						

WE REQUIRED