FILED

2002 UNIFORM BUSINESS REPORT (UBR) -

SIGNATURE REQUIRED

SIGNATURE:

May 01, 2002 8:00 am Secretary of State **DOCUMENT # 765930** 1. Entity Name 02-25-2002 90070 001 ****61.25 TERRACE PARK OF FIVE TOWNS NO. 25, INC. Principal Place of Business Mailing Address 6188 80TH ST. NORTH 8141 - 54TH AVENUE N **APT - 309** ST. PETERSBURG FL 33709 ST. PETERSBURG FL 33709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2451022 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEAN ME. FOLEY Street Address (P.O. Box Number Is Not Acceptable) VAN VULPËN, ANNA 8141 54TH AVENUE N SAINT PETERSBURG FL 33709 8141 54th AVENUE N ST. PETERSBURG 8. The above named entity submits this # ourpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. **VPS** VΡ CX Delete TITLE TITLE ☐ Change ☐ Addition (9/01 MATHEWS, ALICE MARIF NAME CRESS SMITH 6188 80TH ST N #105 **CR2E037** STREET ADDRESS STREET ADDRESS 6188 80th STREET N., #107 ST. PETERSBURG FL 33709 CITY-ST-ZIP CITY-ST-ZIP PETERSBURG. FL. 33709 X Delete TITI F THE ☐ Addition ☐ Change KERSTNER, JOAN NAME ALICE MATHEWS 6188 80TH ST N #309 STREET ADDRESS 6188 80th STREET N., #105 STREET ADDRESS ST. PETERSBURG. FL. 33709 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG, FL. 33709 TITLE Dalete ΠΠE ☐ Addition SMITH, HAROLD NAME 6188 80TH STREET N #107 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33709 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition BITTINGER, LAMBERT NAME NAME 6188 80TH STREET N #307 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33709 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition GLANZROCK, FRITZIE NAME NAME ED MOONEY 6188 80TH STREET N #103 STREET ADDRESS STREET ADDRESS 6188 80th STREET N., #207 SAINT PETERSBURG FL 33709 CITY+ST-ZIP CITY-ST-77P PETERSBURG, FL. 33709 Delete TITLE ☐ Addition TITLE MOONEY, ED LILLIAN EDEN NAME STREET ADDRESS 6188 80TH STREET N #207 STREET ADDRESS 6188 80th STREET N., #209 ST PETERSBURG FL 33709 CITY-ST-ZIP CITY-ST-ZIP PETERSBURG, FL. 33709 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address, with all other like empowered.