2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State
03-03-2004 90012 016 ****61.25

DOCUMENT # 765930

1. Entity 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	8141 - 54TH AVENUE N ST. PETERSBURG, FL 33709 US

02182004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOLEY, SEAN 8141 54TH AVENUE N SAINT PETERSBURG, FL 33709	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GLANZROCK, FRITZIE 6188 80TH ST N #101 ST. PETERSBURG, FL 33709	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Betty SeLiGmAN 6188 80th st. N. # 404 St Pete, FL 33709	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SELIGMAN, BETTY 6188 80TH ST N #404 ST. PETERSBURG, FL 33709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Bob Perry 6188 80th St. N. # 301 St Pete, FL 33709	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRY, BOB 6188 80TH ST N #301 ST PETERSBURG, FL 33709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lucille FitzPATRICK 6188 80th St N. # 411 St. Pete, FL 33709	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OWEN, JOAN 6188 80TH ST N #107 SAINT PETERSBURG, FL 33709	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LiL DonAHoe 6188 80th St. N. # 406 St. Pete, FL 33709	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOONEY, ED 6188 80TH STREET N. #207 ST. PETERSBURG, FL 33709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EDEN, LILLIAN 6188 80TH STREET N. #209 ST. PETERSBURG, FL 33709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 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.

SIGNATURE: Robert A. Perry Robert A. Perry 02/26/04 727-346 2485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment PR 24016085

Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **765930**

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The charge for your Annual Report is
$61.25

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Vendor # 102
Invoice #
Account 7514
Amount 61.25
Approval RH
Date 1-26-04
Check # 1123