# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 10, 2005 8:00 am**
**Secretary of State**
02-10-2005 90044 007 ****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<br>APT - 308<br>ST. PETERSBURG, FL 33709 US | 8141 - 54TH AVENUE N<br>ST. PETERSBURG, FL 33709 US |

01102005 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<br>8141 54TH AVENUE N<br>SAINT PETERSBURG, FL 33709 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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, 2005**

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<br>SELIGMAN, BETTY<br>6188 80TH ST., N #404<br>SAINT PETERSBURG, FL 33709 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ALICE MATHEWS<br>6188 80th STREET N., #105<br>ST PETERSBURG FL 33709 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>PERRY, BOB<br>6188 80TH ST. N, #301<br>SAINT PETERSBURG, FL 33709 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CRESS SMITH<br>6188 80th STREET N #111<br>ST PETERSBURG FL 33709 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PERRY, BOB<br>6188 80TH ST N #301<br>ST PETERSBURG, FL 33709 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>LUCILLE FITZPATRICK<br>6188 80th STREET N #411<br>ST PETERSBURG FL 33709 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FITZPATRICK, LUCILLE<br>6188 80TH ST. N, #411<br>SAINT PETERSBURG, FL 33709 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ED MOONEY<br>6188 80th STREET N #207<br>ST PETERSBURG FL 33709 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MOONEY, ED<br>6188 80TH STREET N. #207<br>ST. PETERSBURG, FL 33709 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PAT DOWD<br>6188 80th STREET N #110<br>ST PETERSBURG FL 33709 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>EDEN, LILLIAN<br>6188 80TH STREET N. #209<br>ST. PETERSBURG, FL 33709 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ALMA HANGSTEFER<br>6188 80th STREET N #311 | ☐ 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:** Alice Mathews 2/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #