FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N03464 (7)

1. Corporation Name

TERRACE PARK OF FIVE TOWNS NO. 29, INC.

Principal Place of Business	Mailing Address
8174 TERRACE GARDEN DRIVE. NORTH ST. PETERSBURG FL 33709	8174 TERRACE GARDEN DRIVE. NORTH ST. PETERSBURG FL 33709

3. Date Incorporated or Qualified: 06/06/1984

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-2894958 ☐ 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

GUTIERREZ, MARCELINO
8174 TERR GARDEN DRIVE. N., APT 411
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NOWAKOSKI, MARION		1.2 NAME	
STREET ADDRESS	8174 TERR GARDEN DR NORTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	OLMA, FRANCES		2.2 NAME	
STREET ADDRESS	8174 TERR GARDEN DRIVE NORTH		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST.PETERSBURG FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MICHAUD, ALBERT B.		3.2 NAME	
STREET ADDRESS	8174 TERR GARDEN DR. NORTH		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HERBERT, CHARLES		4.2 NAME	
STREET ADDRESS	8174 TERR GARDEN DR N		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	
TITLE	DPD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MANLEY, MILFORD		5.2 NAME	
STREET ADDRESS	8174 TERRACE GARDEN DR. NORTH		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST.PETERSBURG FL		5.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GUTIERREZ, MARCELINO		6.2 NAME	
STREET ADDRESS	8174 TERR. GARDEN DR N		6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ✓ Marcelino Gutierrez Feb. 16, 1996 (813-5440728)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #