2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N03464

1. Entity Name
TERRACE PARK OF FIVE TOWNS NO. 29, INC.

Principal Place of Business	Mailing Address
8174 TERRACE GARDEN DRIVE, NORTH ST. PETERSBURG, FL 33709	8141 54TH AVENUE N ST. PETERSBURG, FL 33709

02252004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2894958
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEAN, FOLEY
8141 54TH AVENUE NORTH
ST. PETERSBURG, FL 33709

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

Filing Fee is $61.25
Due by May 1, 2004

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

000000072921
[illegible] 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOESE, CHARLES
STREET ADDRESS	8174 TERRACE GARDEN DR. N. #404
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709
TITLE	SD
NAME	WHITTINGTON, CHARLES
STREET ADDRESS	8174 TERRACE GARDEN DR NO
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	TD
NAME	GUTIERREZ, MARCELINO
STREET ADDRESS	8174 TERRACE GOM. DR NO
CITY-ST-ZIP	ST PETERSBURG, FL 33709
TITLE	VPD
NAME	SULLIVAN, SANDRA
STREET ADDRESS	8174 TERRACE GARDEN DR. N. #401
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709
TITLE	D
NAME	MANLEY, MILFORD
STREET ADDRESS	8174 TERRACE GARDEN DR. N. #411
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709
TITLE	D
NAME	HARDY, SAM
STREET ADDRESS	8174 TERRACE GARDEN DR. N. #510
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709

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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: Charles P Boese 2/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #