

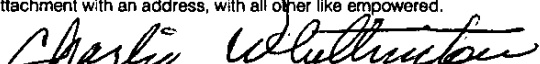


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90077 035 ****61.25

DOCUMENT # N03464 1. Entity Name TERRACE PARK OF FIVE TOWNS NO. 29, INC.			
Principal Place of Business 8174 TERRACE GARDEN DRIVE, NORTH ST. PETERSBURG, FL 33709		Mailing Address 8141 54TH AVENUE N ST. PETERSBURG, FL 33709	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1300 Park St Suite, Apt. #, etc.	
City & State Seminole FL		4. FEI Number 59-2894958	
Zip 33777		Country US	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SEAN, FOLEY 8141 54TH AVENUE NORTH ST. PETERSBURG, FL 33709		7. Name and Address of New Registered Agent Name Resource Property Mgmt Street Address (P.O. Box Number is Not Acceptable) 1300 Park St City Seminole FL Zip Code 33777	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BOESE, CHARLES <input type="checkbox"/> Delete 8174 TERRACE GARDEN DR. N. #404 SAINT PETERSBURG, FL 33709	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Boese, Charles <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8174 Terrace Garden Dr. N. #404 St. Pete 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITTINGTON, CHARLES <input type="checkbox"/> Delete 8174 TERRACE GARDEN DR NO ST PETERSBURG, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WHITTINGTON, CHARLES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8174 Terrace Garden Dr. N. #511 St Pete 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUTIERREZ, MARCELINO <input type="checkbox"/> Delete 8174 TERRACE GOM. DR NO ST PETERSBURG, FL 33709	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gutierrez, Marcelino <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8174 Terrace Garden Dr. N. #411 St Pete 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SULLIVAN, SANDRA <input type="checkbox"/> Delete 8174 TERRACE GARDEN DR. N. #401 SAINT PETERSBURG, FL 33709	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERENSON, BARBARA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8174 Terrace Garden Dr. N. #210 St. Pete 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANLEY, MILFORD <input checked="" type="checkbox"/> Delete 8174 TERRACE GARDEN DR. N. #411 SAINT PETERSBURG, FL 33709	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEISTLER, BETTY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8174 Terrace Garden Dr. N. #110 St Pete 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, SAM <input checked="" type="checkbox"/> Delete 8174 TERRACE GARDEN DR. N. #510 SAINT PETERSBURG, FL 33709	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D'ANTILLO, FRANK <input type="checkbox"/> Change <input type="checkbox"/> Addition 8174 Terrace Garden Dr. N. #507 St Pete 33709
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-15-05 <small>Date</small>	
<small>Daytime Phone #</small>			