

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10353

FILED
Jan 12, 2009
Secretary of State

Entity Name: TERRACE PARK OF FIVE TOWNS NO. 31, INC.

Current Principal Place of Business:

5920 80TH STREET
ST PETERSBURG, FL 33709 US

New Principal Place of Business:

Current Mailing Address:

8141 54TH AVE N
APT 102
ST. PETERSBURG, FL 33709 US

New Mailing Address:

C/O FCPM
8141 54TH AVE N
ST. PETERSBURG, FL 33709 US

FEI Number: 59-2885931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLEY, SEAN M
8141 54TH AVE N
ST. PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

FOLEY, SEAN M AGENT
8141 54TH AVE N
ST. PETERSBURG, FL 33709 US

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.

SIGNATURE: SEAN M FOLEY

01/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MILLS, NANCY
Address: 5920 56TH STREET N #209
City-St-Zip: ST. PETERSBURG, FL 33709

Title: P () Delete
Name: GREENE, ANNE
Address: 5920 80TH STREET NORTH #411
City-St-Zip: ST. PETERSBURG, FL 33709

Title: S () Delete
Name: MAROT, CAROLYN
Address: 5920 80TH ST N, 410
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: T () Delete
Name: FORD, CIARE
Address: 5920 80TH STREET NORTH #3009
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D () Delete
Name: NASH, JAMES
Address: 5920 80TH STREET NORTH #312
City-St-Zip: SAINT PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MAROT, CAROLYN
Address: 5920 80TH ST NORTH #410
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: T (X) Change () Addition
Name: FORD, CLARE
Address: 5920 80TH STREET NORTH #309
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARE FORD

T

01/12/2009

Electronic Signature of Signing Officer or Director

Date