2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744130

Entity Name: TERRACE PARK OF FIVE TOWNS, NO. 12-A, INC. A

CONDOMINIUM

Current Principal Place of Business:

5990 TERRACE PARK DR N SHOREVIEW W. BLDG. ST PETERSBURG, FL 33709

Current Mailing Address:

C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 ST. PETERSBURG, FL 33702 US

FEI Number: 59-3170936 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ST. PETERSBURG FL 33702

ASSOCIA GULF COAST, INC. C/O ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 ST. PETERSBURG, FL 33702 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: ANNETTE BYRD 04/25/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title PRESIDENT Title TREASURER

Name HOTTENROTH, FRANKLIN DEAN Name OBENSHAIN, LAWERENCE

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title VP Title SECRETARY

Name HARMAN, JENNY L Name OBENSHAIN, LAWERENCE

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

Title DIRECTOR Title DIRECTOR

Name DEBELLA, THOMAS Name HARKINS, KATHY

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

City-State-Zip:

ST. PETERSBURG FL 33702

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR Title DIRECTOR

Name YAGMIN, TERESA M Name GARLAND, DENISE

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET NORTH SUITE 104 9887 4TH STREET NORTH SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

I hereby 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 all other like empowered.

SIGNATURE: HOTTENROTH, FRANKLIN DEAN PRESIDENT 04/25/2023

FILED Apr 25, 2023

Secretary of State

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