

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90007 003 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 344431**

1. Corporation Name

**SENIOR MEADOWS OF SARASOTA, INC.**

Principal Place of Business

**311 PARK PLACE BLVD.  
SUITE 225  
CLEARWATER FL 34619-0922**

Mailing Address

**311 PARK PLACE BLVD.  
SUITE 225  
CLEARWATER FL 34619-0922**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/11/1969**

2. Principal Place of Business

**21 430 Park Place Blvd.**

2a. Mailing Address

**26 430 Park Place Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 600**

**27 Suite 600**

City & State

City & State

**23 Clearwater, FL**

**28 Clearwater, FL**

Zip Country

Zip Country

**24 33759**

**29 33759**

**30**

4. FEI Number

**59-1262511**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LOMBARDI, RITA A.  
311 PARK PLACE BOULEVARD, SUITE 225  
ST PETERSBURG, FL  
CLEARWATER 34619**

10. Name and Address of New Registered Agent

81 Name

**Rita A. Lombardi**

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

**430 Park Place Blvd.**

83

**Suite 600**

84

**City  
Clearwater**

**FL**

85 Zip Code

**33759**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Rita A. Lombardi*

**Rita A. Lombardi**

**2/8/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**S  
LOMBARDI, RITA A  
311 PARK PLACE BLVD #225-  
CLEARWATER FL**

TITLE ☐ DELETE

**VPD  
PIAZZA, ROSEMARY E  
311 PARK PLACE BLVD #225  
CLEARWATER FL**

TITLE ☐ DELETE

**PD  
PIAZZA, JOHN J. SR.  
311 PARK PLACE BLVD. STE 225  
CLEARWATER FL**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**S  
Rita A. Lombardi  
430 Park Place Blvd., Ste. 600  
Clearwater, FL 33759**

2.1 TITLE ☒ Change ☐ Addition

**VPD  
Rosemary E. Piazza  
430 Park Place Blvd., Ste. 600  
Clearwater, FL 33759**

3.1 TITLE ☒ Change ☐ Addition

**PD  
John J. Piazza, Sr.  
430 Park Place Blvd., Ste. 600  
Clearwater, FL 33759**

4.1 TITLE ☐ Change ☒ Addition

**VPD  
Vincent J. Lentini  
430 Park Place Blvd., Ste. 600  
Clearwater, FL 33759**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP**

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Rita A. Lombardi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Rita A. Lombardi 2/8/99 (727)793-9300**

Date

Daytime Phone #

CR2E034 (11/98)