

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-02-1999 90007 002 ***150.00

DOCUMENT # 511685

1. Corporation Name

~~SENIOR MEADOWS OF ST. PETERSBURG, INC.~~
PARK PLACE OF ST. PETERSBURG, INC.

Principal Place of Business

~~311 PARK PLACE BLVD.~~
~~SUITE 225~~
~~CLEARWATER FL 34619~~

Mailing Address

~~311 PARK PLACE BLVD.~~
~~SUITE 225~~
~~CLEARWATER FL 34619~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1976

4. FEI Number

59-1701899

Applied For
Not Applicable

2. Principal Place of Business

21 430 Park Place Blvd.

2a. Mailing Address

26 430 Park Place Blvd.

Suite, Apt. #, etc.

22 Suite 600

Suite, Apt. #, etc.

27 Suite 600

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

Zip

24 33759

Country

Zip

29 33759

Country

30

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 BLVD~~
~~SUITE 225~~
~~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

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

TITLE ☐ DELETE

SP
LOMBARDI, RITA A.
311 PARK PLACE BLVD #225
CLEARWATER FL

TITLE ☐ DELETE

BP
PIAZZA, JOHN 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

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

2.1 TITLE ☒ Change ☐ Addition

S
Rita A. Lombardi
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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0427010