

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

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

03-02-1999 90007 002 ***150.00

0427010

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 511685

1. Corporation Name
~~SENIOR MEADOWS OF ST. PETERSBURG, INC.~~
 PARK PLACE OF ST. PETERSBURG, INC.



Principal Place of Business Mailing Address
~~311 PARK PLACE BLVD. SUITE 225 CLEARWATER FL 34619~~
~~311 PARK PLACE BLVD. SUITE 225 CLEARWATER FL 34619~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 430 Park Place Blvd. 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 25 33759 29 33759 30

3. Date Incorporated or Qualified
 09/02/1976
 4. FEI Number
 59-1701899 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 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 DATE 2/8/99
Signatures typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PIAZZA, ROSEMARY E.	
STREET ADDRESS	311 PARK PLACE BLVD #225	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SP	<input type="checkbox"/> DELETE
NAME	LOMBARDI, RITA A.	
STREET ADDRESS	311 PARK PLACE BLVD #225	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	BP	<input type="checkbox"/> DELETE
NAME	PIAZZA, JOHN SR	
STREET ADDRESS	311 PARK PLACE BLVD STE 225-	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rosemary E. Piazza	
1.3 STREET ADDRESS	430 Park Place Blvd., Ste. 600	
1.4 CITY-ST-ZIP	Clearwater, FL 33759	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rita A. Lombardi	
2.3 STREET ADDRESS	430 Park Place Blvd., Ste. 600	
2.4 CITY-ST-ZIP	Clearwater, FL 33759	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John J. Piazza, Sr.	
3.3 STREET ADDRESS	430 Park Place Blvd., Ste. 600	
3.4 CITY-ST-ZIP	Clearwater, FL 33759	
4.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vincent J. Lentini	
4.3 STREET ADDRESS	430 Park Place Blvd., Ste. 600	
4.4 CITY-ST-ZIP	Clearwater, FL 33759	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 (1/198)