


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90050 010 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 749561**

1. Corporation Name  
**TERRACE PARK OF FIVE TOWNS, NO. 19, INC.**

Principal Place of Business 5970-80TH ST NORTH ST PETERSBURG FL 33709	Mailing Address 5970-80TH ST NORTH ST PETERSBURG FL 33709
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/30/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2142863
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>ROCHOWIAK, JOHN H. 5970 80TH ST. N. ST. PETERSBURG FL 33709</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *John H. Rochowiak*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD <input checked="" type="checkbox"/> DELETE	NAME: POTTER, JOSEPHINE	1.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME: <b>WARSING, Jeanne</b>
STREET ADDRESS: 5970 80TH ST. N. #308	CITY-ST-ZIP: ST. PETERSBURG FL 33709	1.3 STREET ADDRESS: 5970 80th St. North #211	1.4 CITY-ST-ZIP: St Petersburg, FL 33709
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: WHITNEY, LOUISE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME:
STREET ADDRESS: 5970 80TH ST. N. #211	CITY-ST-ZIP: ST PETERSBURG FL 33709	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: TD <input type="checkbox"/> DELETE	NAME: BURKE, RAYMOND H	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME:
STREET ADDRESS: 5970 - 80TH ST., N., #101	CITY-ST-ZIP: ST PETERSBURG FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: PD <input type="checkbox"/> DELETE	NAME: GILJE, PAUL	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME:
STREET ADDRESS: 5970 80TH ST. N. #403	CITY-ST-ZIP: ST PETERSBURG FL 33709	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: VD <input type="checkbox"/> DELETE	NAME: GIRVIN, LORI	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME:
STREET ADDRESS: 5970 - 80TH ST., N., #312	CITY-ST-ZIP: ST PETERSBURG FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> DELETE	NAME: GOLDBACH, RICHARD	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME:
STREET ADDRESS: 5970 80TH ST. N. #103	CITY-ST-ZIP: ST. PETERSBURG FL	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 617, 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: *Raymond H. Burke* **SIGNATURE REQUIRED** *H. BURKE* **1/6/99** **727-546-8801**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #