

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90094 005 ****61.25

DOCUMENT # 749561

1. Entity Name

TERRACE PARK OF FIVE TOWNS, NO. 19, INC.

Principal Place of Business

**5970-80TH ST NORTH
 SAINT PETERSBURG FL 33709**

Mailing Address

**5970-80TH ST NORTH
 SAINT PETERSBURG FL 33709**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2142863**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROCHOWIAK, JOHN H.
 5970 80TH ST. N.
 SAINT PETERSBURG FL 33709**

Name

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

**William C. Kyle
 5970 80th St. No Apt. 207
 St. Petersburg FL Zip Code 33709**

8. 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

William C. Kyle

2-23-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **BURKE, RAYMOND H**
 STREET ADDRESS **5970 - 80TH ST., N., #101**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE Change Addition
 NAME **President Paul Gilje**
 STREET ADDRESS **5970 80th Street N**
 CITY-ST-ZIP **St. Petersburg, 33709**

TITLE **TD** Delete
 NAME **CHUBBS, DOUGLAS C**
 STREET ADDRESS **5970 80TH ST N # 308**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KYLE, WM C**
 STREET ADDRESS **5970 80TH ST N # 201**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SCHWASZ, WILDA**
 STREET ADDRESS **5970 80TH ST N #**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **BARTON, ANNE MARIE**
 STREET ADDRESS **5970 80TH ST N # 409**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE Change Addition
 NAME **Vice President**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **MICHAEL, LAWRENCE F**
 STREET ADDRESS **5970 80TH ST N # 202**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE Change Addition
 NAME **DIRECTOR**
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Gilje

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)