

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90035 035 ****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

50015816



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2142863

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARVEY, CONSTANCE L
5970 80TH ST. NORTH
APT 307
SAINT PETERSBURG, FL 33709

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Constance L. Harvey (Secretary)

2/14/2005

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VPD ☒ Delete
NAME COFFMAN, DON
STREET ADDRESS 5970 80TH ST. NORTH #115
CITY-ST-ZIP SAINT PETERSBURG, FL 33709

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

TITLE D ☒ Delete
NAME HARVEY, WILLIAM
STREET ADDRESS 5970 80TH ST. NORTH, 307
CITY-ST-ZIP SAINT PETERSBURG, FL 33709

TITLE PD ☐ Delete
NAME MICHAEL, LARRY
STREET ADDRESS 5970 80TH ST N. #202
CITY-ST-ZIP SAINT PETERSBURG, FL 33709

TITLE D ☐ Delete
NAME KASS, GERRY
STREET ADDRESS 5970 80TH ST N. #114
CITY-ST-ZIP SAINT PETERSBURG, FL 33709

TITLE SD ☐ Delete
NAME HARVEY, CONSTANCE L
STREET ADDRESS 5970 80TH ST. N. #307
CITY-ST-ZIP SAINT PETERSBURG, FL 33709

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE HARVEY, WILLIAM ☒ Change ☐ Addition
NAME VPD
STREET ADDRESS 5970-80th St. N. (#307)
CITY-ST-ZIP ST. PETERSBURG, FL 33709

TITLE D MERRICK JAN ☐ Change ☒ Addition
NAME
STREET ADDRESS 5970-80th St. N. (#402)
CITY-ST-ZIP ST. PETERSBURG, FL 33709

TITLE D HOLLISTER, JOSEPH ☐ Change ☒ Addition
NAME
STREET ADDRESS 5970-80th St. N. (#305)
CITY-ST-ZIP ST. PETERSBURG, FL 33709

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Constance L. Harvey (Secretary) *2/14/2005* *727-547-1633*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #