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

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT			
DOCUMENT # 749561			^

Zip Country Zip Country 5.9-2142863 Not Applies S8.75 Additional Fee Required Pee	DOCUMENT # 749561 1. Entity Name TERRACE PARK OF FIVE TOWNS, NO. 19, INC.		02-16-2005 90035 035 ****61.25					
Suite, Apt. #, etc. City & State City & State City & State Country Country Typ Country S. Certificate of Status Desired B& 75, Additional Fee Required	5970-80TH S	ST NORTH	5970-80TH ST NORTH	33709	50015816			
City & State Ci	2. Principal Pl	ace of Business	3. Mailing Address					
Zip Country Zip Country 5.9-2142863 Not Applies S8.75 Additional Fee Required Control See Touristicate of Status Desired See Touristicate of Status Desired Agent Name Street Address (P.O. Box Number is Not Acceptable) American Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Signature Status Desired Agent Not Acceptable Street Address (P.O. Box Number is Not Acceptable) Signature Status Desired Agent Not Acceptable Street Address (P.O. Box Number is Not Acceptable) Signature Status Desired Agent Not Acceptable Not Acceptable Status Desired Agent Not Acceptable Not Accep	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02082005 Chg-NP CR2E037 (10/03)			
6. Name and Address of Current Registered Agent HARVEY, CONSTANCE L 5970 80TH ST.NORTH APT 307 SAINT PETERSBURG, FL 33709 City FL Zip Codo 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent, or registered agent, or both, in the State of Florida. 10.	City & State	9	City & State					
HARVEY, CONSTANCE L 5970 80TH ST. NORTH APT 307 SAINT PETERSBURG, FL 33709 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence to be obligations of registered agent. SIGNATURE Signature, hoped or primete name of agent agent and self applicable. NOTE: Repseed Agent (induse required agent agent agent agent agent and self applicable. NOTE: Repseed Agent (induse required agent agent and self applicable.) NOTE: Repseed Agent (induse required agent ag	Zìp	Country	Zip	Country				
HARVEY, CONSTANCE L 5970 80TH ST. NORTH APT 307 SAINT PETERSBURG, FL 33709 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. Tam familiar with, and accidence of the obligations of registered agent. SIGNATURE Signature, Type of primed name of registered agent and site if applicable. (NOTE Registered Agent furnature required when reinstating) DATE FILING Fee is \$61.25 Due by May 1, 2005 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE VPD SIREET ADDRESS SOTO STREET ADDRESS SOTO 8570 80TH ST. NORTH #115 SAINT PETERSBURG, FL 33709 ITILE TD CHUBBS, DOUGLAS C SIREET ADDRESS SOTO 8570 80TH ST. NORTH, 307 CITY-ST-ZIP SAINT PETERSBURG, FL 33709 TILE NAME CHUBBS, DOUGLAS C SIREET ADDRESS SOTO 8570 80TH ST. NORTH, 307 CITY-ST-ZIP SAINT PETERSBURG, FL 33709 Delete TILE NAME HARVEY, WILLIAM STREET ADDRESS SOTO 8570 80TH ST. NORTH, 307 CITY-ST-ZIP SAINT PETERSBURG, FL 33709 Delete TILE NAME HARVEY, WILLIAM STREET ADDRESS SOTO 8570 80TH ST. NORTH, 307 CITY-ST-ZIP SAINT PETERSBURG, FL 33709 Delete TILE NAME STREET ADDRESS SOTO 8570 80TH ST. NORTH, 307 CITY-ST-ZIP SAINT PETERSBURG, FL 33709 Delete TILE NAME STREET ADDRESS SOTO 8570 80TH ST. N. #202 SAINT PETERSBURG, FL 33709 Delete TILE NAME STREET ADDRESS SOTO 8571 BT. N. #202 SAINT PETERSBURG, FL 33709 CITY-ST-ZIP SAINT PETERSBURG, FL 33709 CITY-ST-ZIP SAINT PETERSBURG, FL 33709 CITY-ST-ZIP Delete TILE NAME STREET ADDRESS SOTO 8571 BT. N. #202 SAINT PETERSBURG, FL 33709 CITY-ST-ZIP Delete TILE NAME STREET ADDRESS SOTO 8571 BT. N. #202 SAINT PETERSBURG, FL 33709 CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS SOTO 8571 BT. N. #202 SAINT PETERSBURG, FL 33709 CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS SOTO 8571 BT. N. #202 SAINT PETERSBURG, FL 33709 CITY-ST-ZIP STREET ADDRESS SOTO 8571 BT. N. #202 SAINT PETERSBURG, FL 33709 CITY-ST-ZI		6. Name and Address of Current R	legistered Agent		7. Name and Address of New Registered Agent			
Street Address (P.O. Box Number is Not Acceptable)	HARVEY (CONSTANCE		Name				
SAINT PETERSBURG, FL 33709 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence to eligible agent. SIGNATURE SIGNATURE FIlling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME COFFMAN, DON STREET ADDRESS SOPO 80TH ST. NORTH #115 CITY-ST-ZIP SAINT PETERSBURG, FL 33709 TITLE TD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33709 TITLE MAKE HARVEY, WILLIAM STREET ADDRESS SOPO 80TH ST. NORTH, 307 CITY-ST-ZIP SAINT PETERSBURG, FL 33709 TITLE D Delete TITLE NAME STREET ADDRESS SOPO 80TH ST. NORTH, 307 CITY-ST-ZIP SAINT PETERSBURG, FL 33709 TITLE D Delete TITLE NAME STREET ADDRESS SOPO 80TH ST. NORTH, 307 CITY-ST-ZIP SAINT PETERSBURG, FL 33709 TITLE D Delete TITLE NAME STREET ADDRESS SOPO 80TH ST. NORTH, 307 CITY-ST-ZIP SAINT PETERSBURG, FL 33709 TITLE D Delete TITLE NAME NAME STREET ADDRESS SOPO 80TH ST. NORTH, 307 CITY-ST-ZIP SAINT PETERSBURG, FL 33709 TITLE D Delete TITLE NAME NAME STREET ADDRESS SOPO 80TH ST. NORTH, 307 CITY-ST-ZIP SAINT PETERSBURG, FL 33709 TITLE NAME NAME NAME STREET ADDRESS SOPO 80TH ST. NORTH, 307 CITY-ST-ZIP SAINT PETERSBURG, FL 33709 TITLE NAME NAM	5970 80TH			Street Address	ss'(P.O. Box Number is Not Acceptable)			
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the obligations of registered agent. SIGNATURE Low Lace A However (Secretary) Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent (Instatute required when reinstating) DAIE Filling Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITIE VPD COFFMAN, DON STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33709 ITIE TD CHUBBS, DOUGLAS C STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33709 ITIE DAIE Detate TITE DAIE DEtate TITE NAME CHUBBS, DOUGLAS C STREET ADDRESS S970 80TH ST N # 308 CITY-ST-ZIP SAINT PETERSBURG, FL 33709 ITIE DAIE DETACL REGISTRATIONERSS CITY-ST-ZIP SAINT PETERSBURG, FL 33709 ITIE DAIE DETACL REGISTRATIONERSS CITY-ST-ZIP SAINT PETERSBURG, FL 33709 ITIE DAIE DETACL REGISTRATIONERSS CITY-ST-ZIP SAINT PETERSBURG, FL 33709 ITIE DAIE DETACL REGISTRATIONERSS CITY-ST-ZIP SAINT PETERSBURG, FL 33709 Detate TITLE DAIE DETACL REGISTRATIONERSS CITY-ST-ZIP SAINT, PETERSBURG, FL 33709 Detate TITLE DAIE DETACL REGISTRATIONERSS CITY-ST-ZIP SAINT, PETERSBURG, FL 33709 Detate TITLE DAIE Detate TITLE NAME STREET ADDRESS S970 80TH ST. NORTH, 307 CITY-ST-ZIP SAINT, PETERSBURG, FL 33709 Detate TITLE DAIE Detate TITLE DAIE DETACL REGISTRATIONERSS CITY-ST-ZIP SAINT, PETERSBURG, FL 33709 Detate TITLE DAIE Detate TITLE NAME STREET ADDRESS S970 80TH ST. N. WACC CITY-ST-ZIP Detate NAME STREET ADDRESS S970 80TH ST. N. WACC CITY-ST-ZIP Detate TITLE DAIE Detate TITLE DAIE DETACL REGISTRATIONERSS CITY-ST-ZIP CHARGE CITY-ST-ZIP Detate TITLE DAIE DETACL REGISTRATIONERS CITY-ST-ZIP CHARGE				City	FL Zip Code			
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NAME KASS, GERRY NAME STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33709 Linding Additional Control of the	STREET ADDRESS	D KASS, GERRY 5970 80TH ST N. #114	☐ Delete	STREET ADDRESS	☐ Change ☐ Addi			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. ! hereby of	SD HARVEY, CONSTANCE L 5970 80TH ST. N. #307 SAINT PETERSBURG, FL 33709 sertify that the information supplied with the sertify that the sertification is set to be sertification.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP e exemption stated in 3	Section 119.07(3)(i). Florida Statutes, i further certify that the information			

of the corporation or the receiver or trustee empowered to execute this report a changed, or on an attachment with an address, with all other like empowered.

GNATURE: