

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02082005 Chg-NP CR2E037 (10/03)

City & State
 Zip

City & State
 Zip

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

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

7. Name and Address of New Registered Agent

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	<input checked="" type="checkbox"/> Delete
NAME	COFFMAN, DON	
STREET ADDRESS	5970 80TH ST. NORTH #115	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHUBBS, DOUGLAS C	
STREET ADDRESS	5970 80TH ST N # 308	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, WILLIAM	
STREET ADDRESS	5970 80TH ST. NORTH, 307	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MICHAEL, LARRY	
STREET ADDRESS	5970 80TH ST N. #202	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	KASS, GERRY	
STREET ADDRESS	5970 80TH ST N. #114	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE	SD	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD	
STREET ADDRESS	5970-80th St. N. (#307)	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
TITLE	D MERRICK JAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	5970-80th St. N. (#402)	
CITY-ST-ZIP	ST. PERSBURG, FL 33709	
TITLE	D HOLLISTER, JOSEPH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	5970-80th St. N. (#305)	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #