


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90270 036 ****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		01082006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2142863	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 JANICE H. MERRICK Street Address (P.O. Box Number is Not Acceptable) 5970 80TH ST. NORTH # 402 City SAINT 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Janice H. Merrick</i></u> 1-9-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARVEY, WILLIAM 5970 80TH ST N #307 SAINT PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BORRELLI, JOSEPH 5970 80TH ST N. #208 SAINT PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHUBBS, DOUGLAS C 5970 80TH ST N # 308 SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRICK, JAN 5970 80TH ST N #402 SAINT PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERRICK, JANICE H. 5970 80TH ST. N. #402 SAINT PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAEL, LARRY 5970 80TH ST N. #202 SAINT PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAUL H. GILTE 5970 80TH ST. N. # 403 SAINT PETERSBURG FL 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASS, GERRY 5970 80TH ST N. #114 SAINT PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLISTER, JOSEPH 5970 80TH ST. N. #305 SAINT PETERSBURG FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARVEY, CONSTANCE L 5970 80TH ST. N. #307 SAINT PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, CONSTANCE L 5970 80TH ST N. #307 SAINT PETERSBURG FL 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Janice H. Merrick</i></u> 1-9-06 (727)545-9063 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40002415





ATTACHMENT

Division of Corporations

Annual Report

40002415

Annual Report Help

Document Number

749561

Business Entity Name

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

FEI Number

5921428

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address

5970-80TH ST NORTH

Suite, Apt. #, etc.

City, State

SAINT PETERSBURG

FL

Zip Code & Country

33709

Mailing Address

Address

5970-80TH ST NORTH

Suite, Apt. #, etc.

City, State

SAINT PETERSBURG

FL

Zip Code & Country

33709

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

MERRICK

JANICE

H

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

5970 80TH ST. NORTH

Suite, Apt. #, etc.

APT 402

City, State

SAINT PETERSBURG

FL

Zip Code & Country

33709

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If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Janice H. Merrick



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

VPD

Name (Last, First, Middle, Title)

BORRELLI

JOSEPH

- OR -

Entity Name to serve as Officer/Director

Street Address

5970 80TH ST N #208

City, State

SAINT PETERSBURG

FL

Zip Code & Country

33709

Title

TD

Name (Last, First, Middle, Title)

CHUBBS

DOUGLAS

C

- OR -

Entity Name to serve as Officer/Director

Street Address

5970 80TH ST N # 308

City, State

SAINT PETERSBURG

FL

Zip Code & Country

33709

Title

SD

Name (Last, First, Middle, Title)

MERRICK

JANICE

H

- OR -

Entity Name to serve as Officer/Director

Street Address

5970 80TH ST N #402

City, State

SAINT PETERSBURG

FL

Zip Code & Country

33709

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Title

PD

Name (Last, First, Middle, Title)

GILJE PAUL H.

- OR -

Entity Name to serve as Officer/Director

Street Address

5970 80TH ST N. #403

City, State

SAINT PETERSBURG FL

Zip Code & Country

33709

Title

D

Name (Last, First, Middle, Title)

HOLLISTER JOSEPH

- OR -

Entity Name to serve as Officer/Director

Street Address

5970 80TH ST N. #305

City, State

SAINT PETERSBURG FL

Zip Code & Country

33709

Title

D

Name (Last, First, Middle, Title)

HARVEY CONSTANCE U.

- OR -

Entity Name to serve as Officer/Director

Street Address

5970 80TH ST. N. #307

City, State

SAINT PETERSBURG FL

Zip Code & Country

33709

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

SD

Officer/Director Signature

Janice H. Merrick

Janice H. Merrick

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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