


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		
Zip		Country	Zip		Country
4. FEI Number 59-2142863				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				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 <u>JANICE H. MERRICK</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>5970 80TH ST. NORTH</u>		
			# <u>402</u>		
			City <u>SAINT PETERSBURG FL</u>		Zip Code <u>33709</u>
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>Janice H. Merrick</u>				DATE <u>1-9-06</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
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	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, WILLIAM		NAME	BORRELLI, JOSEPH	
STREET ADDRESS	5970 80TH ST N #307		STREET ADDRESS	5970 80TH ST N. #208	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP	SAINT. PETERSBURG, FL 33709	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUBBS, DOUGLAS C		NAME		
STREET ADDRESS	5970 80TH ST N # 308		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRICK, JAN		NAME	MERRICK, JANICE H.	
STREET ADDRESS	5970 80TH ST N #402		STREET ADDRESS	5970 80TH ST. N. #402	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP	SAINT. PETERSBURG, FL 33709	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, LARRY		NAME	PAUL H. GILTE	
STREET ADDRESS	5970 80TH ST N. #202		STREET ADDRESS	5970 80TH ST. N. # 403	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KASS, GERRY		NAME	HOLLISTER, JOSEPH	
STREET ADDRESS	5970 80TH ST N. #114		STREET ADDRESS	5970 80TH ST. N. #305	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, CONSTANCE L		NAME	HARVEY, CONSTANCE L	
STREET ADDRESS	5970 80TH ST. N. #307		STREET ADDRESS	5970 80TH ST N. #307	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709		CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
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>Janice H. Merrick</u>				DATE <u>1-9-06</u> (727)545-9063	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	
				Daytime Phone #	

40002415



01082006 Chg-NP CR2E037 (11/05)



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 US

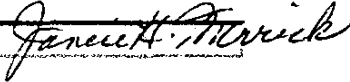
ATTACHMENT

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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
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

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Title
 Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
 City, State
 Zip Code & Country

Title
 Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
 City, State
 Zip Code & Country

Title
 Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
 City, State
 Zip Code & Country

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
 Officer/Director 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. The individual "signing" this document affirms that the facts stated herein are true.