

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90092 028 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092007

Chg-NP

CR2E037 (12/06)

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

JANICE H. MERRICK
5970 80TH ST. NORTH
APT 307
SAINT PETERSBURG, FL 33709

Name JANICE H. MERRICK

Street Address (P.O. Box Number is Not Acceptable)
5970 80TH ST N. #402

City ST. 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

Janice H. Merrick

JANICE H. MERRICK 1-8-07

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, 2007

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME PD
STREET ADDRESS PAUL GILJE
CITY-ST-ZIP 5970 80TH ST N. #403
ST PETERSBURG FL 33709

TITLE ☐ Change ☒ Addition
NAME VPD
STREET ADDRESS JOSEPH BORRELLI
CITY-ST-ZIP 5970 80TH ST. N. # 208
ST. PETERSBURG FL 33709

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS JANICE H. MERRICK
CITY-ST-ZIP 5970 80TH ST. N. # 402
ST PETERSBURG FL 33709

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS CONSTANCE HARVEY
CITY-ST-ZIP 5970 80TH ST N. #307
ST PETERSBURG FL 33709

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS LORI GILVIN
CITY-ST-ZIP 5970 80TH ST. N. #312
ST PETERSBURG FL 33709

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS JOSEPH HOLLISTER
CITY-ST-ZIP 5970 80TH ST. N. #305
ST. 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:

Janice H. Merrick

JANICE H MERRICK 545-9063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07 Date

Daytime Phone #