

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 #
 Suite, Apt. #, etc.

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

01092007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

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
JANICE H. MERRICK
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 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	TD	<input type="checkbox"/> Delete
NAME	CHUBBS, DOUGLAS C	
STREET ADDRESS	5970 80TH ST N # 308	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD PAUL GILJE	
STREET ADDRESS	5970 80TH ST N. #403	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAD JOSEPH BORRELLI	
STREET ADDRESS	5970 80TH ST. N. # 208	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD JANICE H. MERRICK	
STREET ADDRESS	5970 80TH ST. N. # 402	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D CONSTANCE HARVEY	
STREET ADDRESS	5970 80TH ST N. #307	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D LORI GIRVIN	
STREET ADDRESS	5970 80TH ST. N. #312	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D JOSEPH HOLLISTER	
STREET ADDRESS	5970 80TH ST. N. #305	
CITY-ST-ZIP	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 (727) 1-8-07 Date Daytime Phone #