## **2008 NOT-FOR-PROFIT CORPORATION**

## **FILED** Feb 14, 2008 8:00 am Secretary of State

	ANNUA	(	02-14-2008 90028 029 ****61.25					
1. Entity Name	T # 749561 RK OF FIVE TOWNS	s, NO. 19, INC.						
		· Garagean		4002517	9	·		
Principal Place of Bus 5970-80TH ST NOR SAINT PETERSBURG	TH ·	Mailing Address 5970-80TH ST NOR SAINT PETERSBURG,						
			,					
2. Principal Place of E	Business - No P.O. Box #	3. Mailing Address		† (1881)				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008 Chg-N	IP CR2E037	<b>7</b> (12/06)		
City & State		City & State		4. FEI Number 59-2142863		Applied For		
Zip	Country	Zip	Country	5. Certificate of Status		Not Applicable 8.75 Additional se Required		
6. N	ame and Address of Currer	nt Registered Agent		7. Name and Address	of New Registered Ar	gent		
JANICE H. MERI 5970 80TH 6T N #402 SAINT PETERSE	IORTH .	Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)					
			City		FL	Zip Code		
The above named the obligations of residual signature.  SIGNATURE	entity submits this statement egistered agent.	for the purpose of changing	its registered office or regist	tered agent, or both, in the S	State of Florida. I am fai	I miliar with, and accept		
	typed or printed name of registered age	nt and title if applicable. (N	OTE: Registered Agent signature requi	red when reinstating)	DATE			
_			ampaign Financing I Contribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State			
10.	OFFICERS AND D	PIRECTORS	11,	ADDITIONS/CHANGES TO	O OFFICERS AND DIRE	CTORS IN 10		
1								

SIGNATURE	Signature, typed or printed name of registered agent and title if applicat	DATE						
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees Fiorida Department of				
10.	10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHUBBS, DOUGLAS C 5970 80TH ST N # 308 SAINT PETERSBURG, FL 33709	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GIVUIN, LOVI 5970 801 51. Seini Peter		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILJE, PAUL 5970 80TH ST. N. #403 SAINT PETERSBURG, FL 33709	☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BORRELLI, JOSEPH 5970 80TH ST. N. #203 SAINT PETERSBURG, FL 33709	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERRICK, JANICE H 5970 80TH ST. N. #402 SAINT PETERSBURG, FL 33709	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, CONSTANCE 5970 80TH ST. N. #307 SAINT PETERSBURG, FL 33709	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRVIN, LORI 5970 80TH ST. N. #312 SAINT PETERSBURG, FL 33709	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: POL