


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-14-2008 90028 029 ****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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JANICE H. MERRICK 5970 80TH ST NORTH #402 SAINT PETERSBURG, FL 33709		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 Due by May 1, 2008		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	TD <input type="checkbox"/> Delete	TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUBBS, DOUGLAS C	NAME	GIRVIN, LORI
STREET ADDRESS	5970 80TH ST N # 308	STREET ADDRESS	5970 80th St. N #303
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	CITY-ST-ZIP	Saint. Petersburg FL 33709
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILJE, PAUL	NAME	
STREET ADDRESS	5970 80TH ST. N. #403	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORRELLI, JOSEPH	NAME	
STREET ADDRESS	5970 80TH ST. N. #203	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRICK, JANICE H	NAME	
STREET ADDRESS	5970 80TH ST. N. #402	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, CONSTANCE	NAME	
STREET ADDRESS	5970 80TH ST. N. #307	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRVIN, LORI	NAME	
STREET ADDRESS	5970 80TH ST. N. #312	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	CITY-ST-ZIP	
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: <i>Paul Gilje, President Paul Gilje</i>		Date: Feb 11, 2008 / 727-546-3254	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

40025179



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2142863 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required