

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90725 019 \*\*\*\*61.25

**DOCUMENT # 749561**

1. Entity Name

**TERRACE PARK OF FIVE TOWNS, NO. 19, INC.**



Principal Place of Business

Mailing Address

**5970-80TH ST NORTH  
SAINT PETERSBURG FL 33709**

**5970-80TH ST NORTH  
SAINT PETERSBURG FL 33709**



CHECK HERE IF MAKING CHANGES

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

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KYLE, WILLIAM C**

**5970 80TH ST. N.**

**APT 207**

**SAINT PETERSBURG FL 33709**

Name

**Albert Susan M.**

Street Address (P.O. Box Number is Not Acceptable)

**5970 80th St. N.**

Apt. #

**Apt. 306**

City

**Saint 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

*Susan M. Albert*  
Signature, typed or printed name of registered agent and title if applicable.

**Susan M. Albert Secretary 02/24/03**  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BURKE, RAYMOND H</b> <b>5970 - 80TH ST., N., #101</b> <b>SAINT PETERSBURG FL 33709</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CHUBBS, DOUGLAS C</b> <b>5970 80TH ST N # 308</b> <b>SAINT PETERSBURG FL 33709</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KYLE, WM C</b> <b>5970 80TH ST N # 201</b> <b>SAINT PETERSBURG FL 33709</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GILLE, PAUL</b> <b>5970 80TH STREET N</b> <b>SAINT PETERSBURG FL 33709</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BARTON, ANNE MARIE</b> <b>5970 80TH ST N # 409</b> <b>SAINT PETERSBURG FL 33709</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MICHAEL, LAWRENCE F</b> <b>5970 80TH ST N # 202</b> <b>SAINT PETERSBURG FL 33709</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Lori Girvin</b> <b>5970 80th St. N., # 312</b> <b>Saint Petersburg, FL 33709</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Susan Albert</b> <b>5970 80th St. N., # 306</b> <b>St. Petersburg, FL 33709</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>William Harvey</b> <b>5970 80th St. N., # 307</b> <b>Saint Petersburg, FL 33709</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>George Reynolds</b> <b>5970 80th St. N., # 415</b> <b>Saint Petersburg, FL 33709</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Norma Wood</b> <b>5970 80th St. N. # 106</b> <b>Saint Petersburg, FL 33709</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Susan M. Albert* **Susan M. Albert 02.24.03/545.8485**

CR2E037 (10/02)