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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **761802** **(8)**

1. Corporation Name

PARK EAST OF PINELLAS PARK, INC.

Principal Place of Business	Mailing Address
5117 70TH PLACE N. PINELLAS PARK FL 34665	5369 PARK BLVD. PINELLAS PARK FL 34665 US

3. Date Incorporated or Qualified: 02/09/1982

4. FEI Number: 59-2445190 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24): 33781 Country (25)	Zip (29): 33781 Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMOROSO, GUIDO
5015 70TH PLACE, NORTH
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

81 Name: FRED H. HALE

82 Street Address (P.O. Box Number is Not Acceptable): 5369 PARK BLVD.

83

84 City: PINELLAS PARK FL 85 Zip Code: 33781

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ 5/6/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VALDEZ, DEENA MRS.		1.2 NAME		
STREET ADDRESS	5115 70TH PLACE NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 34665		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DELISLE, DELORES H.		2.2 NAME		
STREET ADDRESS	5032 70TH PLACE WORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZOLLO, DOROTHY		3.2 NAME		
STREET ADDRESS	5135 70TH PLACE NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	D'ALCAMO, SAL		4.2 NAME		
STREET ADDRESS	5017 70TH PLACE NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	ALVES, NELSON		5.2 NAME	CHERYL EWING	
STREET ADDRESS	5100 70TH NORTH		5.3 STREET ADDRESS	5102 70th Place North	
CITY-ST-ZIP	PINELLAS PARK FL		5.4 CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Delores H. Delisle 5/6/98