

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90148 009 ****61.25

DOCUMENT # 761802

1. Entity Name

PARK EAST OF PINELLAS PARK, INC.



Principal Place of Business

5117 70TH PLACE N.
PINELLAS PARK FL 33781
US

Mailing Address

5650 PARK BLVD
SUITE 1
PINELLAS PARK FL 33781
US



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

4. FEI Number

59-2445190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

FRED H HALE
5650 PARK BLVD STE 1
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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	PD	<input type="checkbox"/> Delete
NAME	CARINI, ANDREW	
STREET ADDRESS	5115 70TH PLACE N	
CITY-STATE-ZIP	PINELLAS PARK FL 33781	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALDEZ, DENA	
STREET ADDRESS	5030 70TH PLACE N	
CITY-STATE-ZIP	PINELLAS PARK FL 33781	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WITKO, SHARON	
STREET ADDRESS	5047 70TH PLACE N	
CITY-STATE-ZIP	PINELLAS PARK FL 33781	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMAS, FLORENCE LEE M. ADAMS	
STREET ADDRESS	5045 70TH PL N	
CITY-STATE-ZIP	PINELLAS PARK FL 33781	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRAZIER, EILEEN	
STREET ADDRESS	5015 70TH PLACE N	
CITY-STATE-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/07