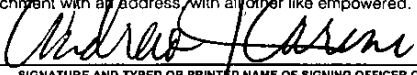


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90049 031 ****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		4. FEI Number 59-2445190	
Zip		Country		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:	
FRED H HALE 5650 PARK BLVD STE 1 PINELLAS PARK, FL 33781				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					
Filing Fee Is \$61.25 Due by May 1, 2008		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	PD CARINI, ANDREW 5115 70TH PLACE N PINELLAS PARK, FL 33781	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALDEZ, DENA 5030 70TH PLACE N PINELLAS PARK, FL 33781	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WITKO, SHARON 5047 70TH PLACE N PINELLAS PARK, FL 33781	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAMS, LEE M 5032 70TH PL N PINELLAS PARK, FL 33781	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRAZIER, EILEEN 5015 70TH PLACE N PINELLAS PARK, FL 33781	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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:  ANDREW J. CARINI 3/3/08 727-521-0614 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



01032008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2445190

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

7. Name and Address of New Registered Agent:

Name

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

City

FL Zip Code

Make check payable to
Florida Department of State

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

DEENA VALDEZ ☒ Change ☐ Addition

SHARON WITKO-ADIECCIO ☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition