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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K24584**

1. Corporation Name
~~SENIOR MEADOWS OF LAKE LAND, INC.~~
 PARK PLACE OF LAKE LAND, INC.



Principal Place of Business	Mailing Address
311 PARK PLACE BLVD. SUITE 225 CLEARWATER FL 34619	311 PARK PLACE BLVD. SUITE 225 CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	05/20/1988
4. FEI Number	59-2890707
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 430 Park Place Blvd.	26 430 Park Place Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 600	27 Suite 600
City & State	City & State
23 Clearwater, FL	28 Clearwater, FL
Zip Country	Zip Country
24 33759 25	29 33759 30

9. Name and Address of Current Registered Agent

LOMBARDI, RITA A.
 311 PARK PLACE BLVD
 SUITE 225
 CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name	Rita A. Lombardi
82 Street Address (P.O. Box Number is Not Acceptable)	430 Park Place Blvd.
83	Suite 600
84 City	Clearwater FL
85 Zip Code	33759

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE: *Rita A. Lombardi* Rita A. Lombardi DATE: 2/8/99

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PIAZZA, ROSEMARY E	
STREET ADDRESS	311 PARK PLACE BLVD #225	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	LOMBARDI, RITA A	
STREET ADDRESS	311 PARK PLACE BLVD #225	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PIAZZA, JOHN J. SR	
STREET ADDRESS	311 PARK PLACE BLVD. STE 225	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rosemary E. Piazza	
1.3 STREET ADDRESS	430 Park Place Blvd., Ste. 600	
1.4 CITY-ST-ZIP	Clearwater, FL 33759	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rita A. Lombardi	
2.3 STREET ADDRESS	430 Park Place Blvd., Ste. 600	
2.4 CITY-ST-ZIP	Clearwater, FL 33759	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John J. Piazza, Sr.	
3.3 STREET ADDRESS	430 Park Place Blvd., Ste. 600	
3.4 CITY-ST-ZIP	Clearwater, FL 33759	
4.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vincent J. Lentini	
4.3 STREET ADDRESS	430 Park Place Blvd., Ste. 600	
4.4 CITY-ST-ZIP	Clearwater, FL 33759	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rita A. Lombardi* Rita A. Lombardi 2/8/99 (727)793-9300

CR2E034 (11/98)