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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # M74388

1. Corporation Name
PARK PLACE OF VENICE, INC.

Principal Place of Business

**311 PARK PLACE BLVD.
SUITE 225
CLEARWATER FL 34619**

Mailing Address

**311 PARK PLACE BLVD.
SUITE 225
CLEARWATER FL 34619**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1988

2. Principal Place of Business

2a. Mailing Address

21 430 Park Place Blvd.
Suite, Apt. #, etc.

26 430 Park Place Blvd.
Suite, Apt. #, etc.

22 Suite 600

27 Suite 600

23 Clearwater, FL
City & State

28 Clearwater, FL
City & State

24 33759 **25**
Zip Country

29 33759 **30**
Zip Country

4. FEI Number

59-2879043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LOMBARDI, RITA A
311 PARK PLACE BLVD
SUITE 225
CLEARWATER, 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 **85 Zip Code FL 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 607.0505, Florida Statutes.

SIGNATURE *Rita A. Lombardi*
Signature typed or printed name of registered agent and title if applicable.

Rita A. Lombardi **2/8/99**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PIAZZA, ROSEMARY E**
CITY-ST-ZIP **311 PARK PLACE BLVD #225
CLEARWATER FL**

TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **PIAZZA, STEVEN A**
CITY-ST-ZIP **311 PARK PLACE BLVD #225
CLEARWATER FL**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **LOMBARDI, RITA A**
CITY-ST-ZIP **311 PARK PLACE BLVD #225
CLEARWATER FL**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **PIAZZA SR, JOHN J**
CITY-ST-ZIP **311 PARK PLACE BLVD SUITE 225
CLEARWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **Rosemary E. Piazza**
1.4 CITY-ST-ZIP **430 Park Place Blvd., Ste. 600
Clearwater, FL 33759**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **S**
3.3 STREET ADDRESS **Rita A. Lombardi**
3.4 CITY-ST-ZIP **430 Park Place Blvd., Ste. 600
Clearwater, FL 33759**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **PD**
4.3 STREET ADDRESS **John J. Piazza, Sr.**
4.4 CITY-ST-ZIP **430 Park Place Blvd., Ste. 600
Clearwater, FL 33759**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **VPD**
5.3 STREET ADDRESS **Vincent J. Lentini**
5.4 CITY-ST-ZIP **430 Park Place Blvd., Ste. 600
Clearwater, FL 33759**

6.1 TITLE ☐ Change ☐ 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)