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Secretary of State

03-02-1999 90007 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M82585

1. Corporation Name
~~SENIOR MEADOWS OF OCALA, INC.~~
PARK PLACE EAST, 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 430 Park Place Blvd. Suite, Apt. #, etc. 22 Suite 600 City & State 23 Clearwater, FL Zip 24 33759	2a. Mailing Address 26 430 Park Place Blvd. Suite, Apt. #, etc. 27 Suite 600 City & State 28 Clearwater, FL Zip 29 33759
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3. Date Incorporated or Qualified 05/23/1988	4. FEI Number 59-2891060	Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> 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* **Rita A. Lombardi** DATE **2/8/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VD <input checked="" type="checkbox"/> DELETE	NAME PIAZZA, STEVEN A
STREET ADDRESS 311 PARK PLACE BLVD #225	CITY-ST-ZIP CLEARWATER FL
TITLE D <input type="checkbox"/> DELETE	NAME PIAZZA, ROSEMARY E
STREET ADDRESS 311 PARK PLACE BLVD #225	CITY-ST-ZIP CLEARWATER FL
TITLE S <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 SR, JOHN J
STREET ADDRESS 311 PARK PLACE BLVD SUITE 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2.2 NAME Rosemary E. Piazza
1.3 STREET ADDRESS	2.3 STREET ADDRESS 430 Park Place Blvd., Ste. 600
1.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP Clearwater, FL 33759
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	4.2 NAME John J. Piazza, Sr.
3.3 STREET ADDRESS	4.3 STREET ADDRESS 430 Park Place Blvd., Ste. 600
3.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP Clearwater, FL 33759
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	6.2 NAME
5.3 STREET ADDRESS	6.3 STREET ADDRESS
5.4 CITY-ST-ZIP	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** DATE **2/8/99** (727)793-9300

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)