

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90043 010 ***150.00

DOCUMENT # P95000069935

1. Corporation Name

~~THE PINES OF MANDARIN, INC.~~

PARK PLACE OF MANDARIN, 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

09/12/1995

4. FEI Number

59-3334308

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

2. Principal Place of Business

21 430 Park Place Blvd.

Suite, Apt. #, etc.
22 Suite 600

City & State
23 Clearwater, FL

Zip Country
24 33759 25

2a. Mailing Address

26 430 Park Place Blvd.

Suite, Apt. #, etc.
27 Suite 600

City & State
28 Clearwater, FL

Zip Country
29 33759 30

9. Name and Address of Current Registered Agent

PIAZZA, JOHN J
311 PARK PLACE BLVD., SUITE 225
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name

John J. Piazza, Sr.

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 607.0505, Florida Statutes.

SIGNATURE

John J. Piazza, Sr.

2/8/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME
PIAZZA, JOHN J
STREET ADDRESS
311 PARK PLACE BLVD., SUITE 225
CITY-ST-ZIP
CLEARWATER FL 33759

TITLE ☐ DELETE

NAME
LENTINI, VINCENT J.
STREET ADDRESS
311 PARK PLACE BLVD. STE 225
CITY-ST-ZIP
CLEARWATER FL

TITLE ☐ DELETE

NAME
PIAZZA, ROSEMARY E
STREET ADDRESS
311 PARK PLACE BLVD. STE 225
CITY-ST-ZIP
CLEARWATER FL 33759

TITLE ☐ DELETE

NAME
S
LOMBARDI, RITA A
STREET ADDRESS
311 PARK PLACE BLVD. STE 225
CITY-ST-ZIP
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 PD ☒ Change ☐ Addition

1.2 NAME
John J. Piazza, Sr.
1.3 STREET ADDRESS
430 Park Place Blvd., Ste. 600
1.4 CITY-ST-ZIP
Clearwater, FL 33759

2.1 TITLE VPD ☒ Change ☐ Addition

2.2 NAME
Vincent J. Lentini
2.3 STREET ADDRESS
430 Park Place Blvd., Ste. 600
2.4 CITY-ST-ZIP
Clearwater, FL 33759

3.1 TITLE VPD ☒ Change ☐ Addition

3.2 NAME
Rosemary E. Piazza
3.3 STREET ADDRESS
430 Park Place Blvd., Ste. 600
3.4 CITY-ST-ZIP
Clearwater, FL 33759

4.1 TITLE S ☒ Change ☐ Addition

4.2 NAME
Rita A. Lombardi
4.3 STREET ADDRESS
430 Park Place Blvd., ste. 600
4.4 CITY-ST-ZIP
Clearwater, FL 33759

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #

CR2E034 (1/98)