

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 708704 (2)

1. Corporation Name  
**BUILDERS ASSOCIATION OF GREATER TAMPA, INC.**



Principal Place of Business: 2918 W. KENNEDY BLVD, STE 201, TAMPA FL 33609, US  
Mailing Address: 2918 W. KENNEDY BLVD, STE 201, TAMPA FL 33609, US

3. Date Incorporated or Qualified: 03/26/1965  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-0735336  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **MARKIEWICZ, JOSEPH A, 2918 W. KENNEDY BLVD, STE 201, TAMPA FL 33609**  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNKEL, BRENDA	1.2 NAME	John C. Fowke
STREET ADDRESS	10311 RADCLIFFE DR	1.3 STREET ADDRESS	128 W. ROBERTSON
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	BRANDON FL 33509
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	President Elect <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWKE, JOHN C	2.2 NAME	MAX STASZAK
STREET ADDRESS	128 W ROBERTSON	2.3 STREET ADDRESS	2312 EAGLE BLUFF DR.
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	FIRST Vice President V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, CRAIG	3.2 NAME	Michelle Grigg
STREET ADDRESS	2005 PANAM CIR	3.3 STREET ADDRESS	6703 N. Himes Ave.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33614
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	Treasurer/Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STASZAK, MAX	4.2 NAME	Doug TRIPP
STREET ADDRESS	2312 EAGLE BLUFF DR.	4.3 STREET ADDRESS	12973 Telecom PARKWAY, N.
CITY-ST-ZIP	VALRICO FL	4.4 CITY-ST-ZIP	Tampa, FL 33637
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	Secretary/Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGG, MICHELLE	5.2 NAME	DAVE ACKER
STREET ADDRESS	6703 N. HIMES	5.3 STREET ADDRESS	5421 Windbush Dr.
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33625
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	000001778950 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARLINGTON, MARGO	6.2 NAME	-04/12/96--01086--023
STREET ADDRESS	4615 NO BLVD	6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doug Tripp 3/19/96 (813)-873-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)