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May 05, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708704

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
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/26/1965
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-0735336
23. City & State	28. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NARKIEWICZ, JOSEPH A 2918 W. KENNEDY BLVD STE 201 TAMPA FL 33609		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL 85. 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOUTHWARD, MIKE	1.2 NAME	Raymond Johnson
STREET ADDRESS	3550 BUSHWOOD PARK DR, STE 210	1.3 STREET ADDRESS	2918 W Kennedy #201
CITY-ST-ZIP	TAMPA FL 33618	1.4 CITY-ST-ZIP	Tampa, FL 33609
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, JUDY	2.2 NAME	FRANK SCIMECA
STREET ADDRESS	325 S BLVD	2.3 STREET ADDRESS	7402 N 56th St, Ste 890
CITY-ST-ZIP	TAMPA FL 33606	2.4 CITY-ST-ZIP	TAMPA, FL 33617
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCIMECA, FRANK	3.2 NAME	BILL CROCE
STREET ADDRESS	7402 N 56TH ST, STE 890	3.3 STREET ADDRESS	1926 US HWY 301 N
CITY-ST-ZIP	TAMPA FL 33617	3.4 CITY-ST-ZIP	TAMPA, FL 33619
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRONIS, TED	4.2 NAME	Tom Shumard
STREET ADDRESS	26750 US HWY 19 N, STE 301	4.3 STREET ADDRESS	97 Davis Bld, unit B
CITY-ST-ZIP	CLEARWATER FL 34621	4.4 CITY-ST-ZIP	TAMPA, FL 33606
TITLE	SVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKER, DAVE	5.2 NAME	JUDY JAMES
STREET ADDRESS	5421 WINDBUSH DR.	5.3 STREET ADDRESS	325 S Blvd
CITY-ST-ZIP	TAMPA FL 33625	5.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	VS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARLINGTON, MARGO	6.2 NAME	Mike Southward
STREET ADDRESS	4615 NO BLVD	6.3 STREET ADDRESS	3550 Bushwood Park Dr, Ste 210
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Tampa, FL 33618

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 617, 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
 Date _____ Daytime Phone # _____

CR2E037 (1/198)