

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 713451 (3)**

1. Corporation Name  
**TAMPA BAY AUBURN CLUB, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>13905-A BARDMOOR PLACE<br/>POST OFFICE BOX 1850 (N/A)<br/>TAMPA FL 33624<br/>US</b> | Mailing Address<br><b>P O BOX 271057<br/>TAMPA FL 33688-1057<br/>US</b> |
|---|---|

|  |                                    |   |  |
|--|------------------------------------|---|--|
| 3. Date Incorporated or Qualified<br><b>10/12/1967</b> | 4. FEI Number<br><b>71-3451392</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|--|------------------------------------|---|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21 13324 LAKE GEORGE PLACE</b> | 2a. Mailing Address<br><b>28 Suite, Apt. #, etc.</b> |
| Suite, Apt. #, etc.<br><b>22</b>                                    | Suite, Apt. #, etc.<br><b>27</b>                     |
| City & State<br><b>23 Tampa, FL</b>                                 | City & State<br><b>28</b>                            |
| Zip<br><b>24 33618</b>  | Country<br><b>25 US</b>                              |
| Zip<br><b>29</b>  | Country<br><b>30</b>                                 |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

**DYAL JR, LUCIUS M  
1400, 501 E KENNEDY BLVD  
TAMPA, FL  
33602**

10. Name and Address of New Registered Agent

|   |           |
|---|-----------|
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 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<br><b>D</b>          | <b>ADCOCK, MIKE</b>             | 1.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |                             |
| NAME                       | <b>107 E. FOWLER AVE.</b>       | 1.2 NAME  |                             |
| STREET ADDRESS             | <b>TAMPA FL</b>                 | 1.3 STREET ADDRESS  |                             |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP   |                             |
| TITLE<br><b>P</b>          | <b>JACOBS, JOHN</b>             | 2.1 TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>Director</b>             |
| NAME                       | <b>13905-A BARDMOOR PLACE</b>   | 2.2 NAME  | <b>JACOBS, JOHN</b>         |
| STREET ADDRESS             | <b>TAMPA FL</b>                 | 2.3 STREET ADDRESS  | <b>13905-A Bardmoor Pl.</b> |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP   | <b>TAMPA, FL 33624</b>      |
| TITLE<br><b>V</b>          | <b>JIM PERDUE</b>               | 3.1 TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <b>President</b>            |
| NAME                       | <b>3046 SAMARA DR.</b>          | 3.2 NAME  | <b>JIM PERDUE</b>           |
| STREET ADDRESS             | <b>TAMPA FL</b>                 | 3.3 STREET ADDRESS  | <b>3046 Samara Dr.</b>      |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP   | <b>TAMPA, FL 33618</b>      |
| TITLE<br><b>S</b>          | <b>FOWLER, WAYNE</b>            | 4.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |                             |
| NAME                       | <b>13324 LAKE GEORGE PLACE</b>  | 4.2 NAME  |                             |
| STREET ADDRESS             | <b>TAMPA FL</b>                 | 4.3 STREET ADDRESS  |                             |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP   |                             |
| TITLE<br><b>T</b>          | <b>CALDWELL, RHONDA</b>         | 5.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |                             |
| NAME                       | <b>11645 HIDDEN HOLLOW CIR.</b> | 5.2 NAME  |                             |
| STREET ADDRESS             | <b>TAMPA FL</b>                 | 5.3 STREET ADDRESS  |                             |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP   |                             |
| TITLE<br><b>D</b>          | <b>WALL, HINDMAN</b>            | 6.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |                             |
| NAME                       | <b>12910 BRUSHY PINE PL</b>     | 6.2 NAME  |                             |
| STREET ADDRESS             | <b>TAMPA FL</b>                 | 6.3 STREET ADDRESS  |                             |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Jacobs* **JOHN JACOBS - Director** 01-2498  
813-968-2916

CR2E037 (10/97)