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Jan 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 766039 (2)  
1. Corporation Name  
TAMPA BAY COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address  
1499 GULF TO BAY BLVD.. #201  
P. O. BOX 5579 N/A  
CLEARWATER FL 34616  
US

3. Date Incorporated or Qualified 12/08/1982  
3a. Date of Last Report 02/07/1996

2. Principal Place of Business 2a. Mailing Address  
21 1221 TURNER ST # 202 26 PO BOX 5579  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 PO BOX 5579 27  
City & State City & State  
23 CLEARWATER, FL 28  
Zip Country Zip Country  
24 34616 25 29 30

4. FEI Number 59-2252762 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
SCHWARTZ, GREGORY E.  
1221 TURNER STREET, SUITE 202  
CLEARWATER FL 34616  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MCFATE, JOSEPH 1749 STARDUST DRIVE CLEARWATER FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD MAGUIRE, PATRICK M 308 N. BELCHER ROAD CLEARWATER FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD COLE, WILLIAM <del>16120 US HWY 10 N</del> <del>CLEARWATER FL</del>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	1042 MAIN STREET
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	SD JOPLIN, MILLY 535 BELLEVIEW BLVD CLEARWATER, FL 00000	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD CAMPAGNA, ROBERT <del>410 CENTRAL AVE</del> <del>ST. PETE FL 33701</del>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	118D JASPER STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LARGO, FL 34640
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Robert Campagna* ROBERT CAMPAGNA, JANUARY 10, 1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067021

CR2E037 (9/96)