

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766039 (2)
1. Corporation Name
TAMPA BAY COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business 1221 TURNER ST #202 PO BOX 5579 CLEARWATER FL 33756 US	Mailing Address 1400 GULF TO BAY BLVD #307 P. O. BOX 5579 N/A CLEARWATER FL 33758 US
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3. Date Incorporated or Qualified
12/08/1982

4. FEI Number
59-2252762

Applied For	
Not Applicable	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State Zip 33756	24. City & State Zip CLEARWATER, FL 33758
25. Country USA	26. Country USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**SCHWARTZ, GREGORY E.
1221 TURNER STREET, SUITE 202
CLEARWATER FL 33756**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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	1.1 TITLE	PRESIDENT / DIRECTOR (D)
NAME	MC FATE, JOSEPH	1.2 NAME	BOB KINNEY
STREET ADDRESS	1749 STARDUST DRIVE	1.3 STREET ADDRESS	3454 TOMA RD
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	VD	2.1 TITLE	VP / DIRECTOR (D)
NAME	MAGUIRE, PATRICK M	2.2 NAME	ROBERT CAMPAGNA
STREET ADDRESS	308 N. BELCHER ROAD	2.3 STREET ADDRESS	1180 JASPER ST
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	LARGO, FL 33761
TITLE	VD	3.1 TITLE	SECRETARY / DIRECTOR (D)
NAME	COLE, WILLIAM	3.2 NAME	VERETTA WOODS
STREET ADDRESS	1042 MAIN ST	3.3 STREET ADDRESS	1256 PINE VIEW
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	CLEARWATER, FL
TITLE	SD	4.1 TITLE	TREASURER / DIRECTOR (D)
NAME	JOPLIN, MILLY	4.2 NAME	KEN JOYCE
STREET ADDRESS	535 BELLEVIEW BLVD	4.3 STREET ADDRESS	2430 ESTANCIA BLVD
CITY-ST-ZIP	CLEARWATER, FL 00000	4.4 CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	TD	5.1 TITLE	
NAME	CAMPAGNA, ROBERT	5.2 NAME	
STREET ADDRESS	1180 JASPER ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		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: *Robert P. Kinney* **ROBERT P. KINNEY**

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