


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 766039</b>	
1. Entity Name <b>TAMPA BAY COMMUNITY DEVELOPMENT CORPORATION</b>	

Principal Place of Business <b>2139 N.E. COACHMAN ROAD CLEARWATER, FL 33765 US</b>	Mailing Address <b>2139 N.E. COACHMAN ROAD CLEARWATER, FL 33765 US</b>
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01172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2252762</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHWARTZ, GREGORY E.  
 2139 NE COACHMAN RD  
 CLEARWATER, FL 33765**

**DO NOT WRITE IN THIS SPACE**

7. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC KEMP, LINDA L 11701 BELCHER RD S LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRICKLEY, PAMELA NEET 2464 W. GRANADA CIR. SOUTH SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GROTH, HOWARD 2076 S DRUID CIR CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCFATE, JOSEPH R 1749 STARDUST DR CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHWARTZ, GREGORY E 2139 NE COACHMAN RD CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VITALE, CARRIE 2139 NE COACHMAN RD CLEARWATER, FL 33765

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 01/31/06-80014-004 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 116, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 this 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: Gregory E. Schwartz PRESIDENT (Gregory E. Schwartz) 1-19-06 727-442-7075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #