

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90012 041 ****61.25

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02212008 No Chg-NP CR2E037 (4/06)

4. FEI Number **03-0386630** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~PRATT, STEVE~~ *Tampa Bay Property Management*
 8249 KRISTEL CIRCLE
 PORT RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE

8. 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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	DIR
NAME	PRATT, STEVE
STREET ADDRESS	8249 KRISTEL CIRCLE
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	TRES
NAME	RODRIGUEZ, KEVIN
STREET ADDRESS	8249 KRISTEL CIRCLE
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	<i>P</i>
NAME	<i>Charles Purvis</i>
STREET ADDRESS	<i>8249 Kristel Circle</i>
CITY-ST-ZIP	<i>Port Richey, FL 34668</i>
TITLE	<i>VP</i>
NAME	<i>Sharon Polyn</i>
STREET ADDRESS	<i>1608 Tawnyberry Ct.</i>
CITY-ST-ZIP	<i>Trinity FL 34655</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/08 Date *(727) 403-4882* Daytime Phone #