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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16939**

1. Corporation Name
THE DARTMOUTH CLUB OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
101 E KENNEDY BLVD 2800 TAMPA FL 33602 US	P.O. BOX 172609 2800 TAMPA FL 33672-0609 US

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 172609	3. Date Incorporated or Qualifed 09/22/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2719839 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Tampa, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33672-0609 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

YADLEY, GREGORY C.
SHUMAKER, LOOP & KENDRICK
101 E. KENNEDY BLVD, #2800
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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TIMMERMAN, J T		1.2 NAME		
STREET ADDRESS	101 E KENNEDY BLVD 2800		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	YADLEY, GREGORY C		2.2 NAME		
STREET ADDRESS	101 E KENNEDY BLVD 2800		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAISLEY, ROBERT M		3.2 NAME		
STREET ADDRESS	3201 W KNIGHTS AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, DONALD		4. 2 NAME		
STREET ADDRESS	2106 GULFVIEW DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, KENNETH M		5.2 NAME		
STREET ADDRESS	6117 CALAIS BLVD N, APT 4		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33714		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE	TD	☑ Change ☐ Addition
NAME	YADLEY, BARBARA		6.2 NAME	Yadley, Barbara M.	
STREET ADDRESS	400 N. FLORIDA AVENUE		6.3 STREET ADDRESS	400 N. Ashley Drive, Suite 2300	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	Tampa, Florida 33602	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED J. Todd Timmerman, Resident 3/2/99 813/289-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #