


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90134 046 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N34320</b>					
1. Corporation Name <b>HOMEOWNERS ASSOCIATION OF THE TARRYMORE, INC.</b>					
Principal Place of Business 813 S. ROME AVE. TAMPA FL 33606 US			Mailing Address 813 S. ROME AVENUE TAMPA FL 33606 US		



2. Principal Place of Business 21 <b>807 S. Rome Ave.</b> <b>TAMPA, FL 33606</b>		2a. Mailing Address 26 <b>807 S. Rome Ave</b> <b>TAMPA, FL 33606</b>		3. Date Incorporated or Qualified <b>09/25/1989</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-2974810</b>	
City & State 23 <b>TAMPA, FL.</b>		City & State 28 <b>TAMPA, FL.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33606</b>		Zip 29 <b>33606</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>PLANTE, PAUL</b> <b>813 S. ROME AVENUE</b> <b>TAMPA FL 33606</b>				10. Name and Address of New Registered Agent 81 Name <b>S. JACK HORNE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>807 S. ROME AVE.</b> 83 84 City <b>TAMPA</b> <b>FL</b> 85 Zip Code <b>33606</b>			
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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 for 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 **1-13-99**  
 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ADAMS, JAMES		1.2 NAME				
STREET ADDRESS	809 SOUTH ROME AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HORNE, JACK		2.2 NAME				
STREET ADDRESS	807 S ROME AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33606		2.4 CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PLANTE, PAUL		3.2 NAME				
STREET ADDRESS	813 SOUTH ROME AVE.		3.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33606		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ROBERTS, JAMES W. J		4.2 NAME				
STREET ADDRESS	811 SOUTH ROME AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	<del>SEAN</del> WAGMAN, STEPHEN M.		5.2 NAME				
STREET ADDRESS	813 S. ROME AVE.		5.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL. 33606		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **1-18-99** Daytime Phone # **813-227-2181**

CR2E037 (11/98)