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Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002795 (2)

1. Corporation Name  
4220 W. NO. B STREET CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business Mailing Address  
4220 W. NORTH B STREET - A TAMPA FL 33609  
4220 W. NORTH B STREET - A TAMPA FL 33609-2221

2. Principal Place of Business:  
21 State, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 26 27 28 29 30

3. Date Incorporated or Qualified 05/31/1994  
3a. Date of Last Report 04/12/1996  
4. FLL Number 59-3245707 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARR, JOYCE E  
4220 W. NORTH B STREET - A  
CONDOMINIUM ASSOCIATION INC  
TAMPA FL 33609

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 (Signature required for all changes except change of mailing address) (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 columns for Officers and Directors, including Title, Name, Street Address, City, State, and Zip. Includes checkboxes for 'DELETE', 'Change', and 'Addition'.

14. I do 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 included 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: Joye E. Carr JOYCE E. CARR 2/12/97 281-0475 (813)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047658

CR2E037 (9/96)