

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 26, 2002 8:00 am
Secretary of State

09-26-2002 90115 001 ****70.00
 09-26-2002 90115 002 ***175.00

DOCUMENT # N99000007140

1. Entity Name

TAMPA BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11500 OLD TAMPA BAY DRIVE
 SAN ANTONIO FL 33576

11500 OLD TAMPA BAY DRIVE
 SAN ANTONIO FL 33576

99915



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3701646

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CLARK, SCOTT~~
~~11500 OLD TAMPA BAY DRIVE~~
~~SAN ANTONIO FL 33576~~

Name

Jonnie Tyler

Street Address (P.O. Box Number is Not Acceptable)

11500 Old Tampa Bay Drive

City

San Antonio

FL

Zip Code
33576

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.

SIGNATURE

Jonnie Tyler D

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-02

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **FRIEDLAND, GARY**
 STREET ADDRESS **100 S BEDFORD ROAD**
 CITY-ST-ZIP **MT. RISC D NY 10549**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CLARK, SCOTT**
 STREET ADDRESS **11500 OLD TAMPA BAY DRIVE**
 CITY-ST-ZIP **SAN ANTONIO FL 33576**

TITLE **D** Change Addition
 NAME **Jonnie Tyler**
 STREET ADDRESS **11500 Old Tampa Bay Drive**
 CITY-ST-ZIP **San Antonio, Fl. 33576**

TITLE **D** Delete
 NAME **DIPIORE, CLARA**
 STREET ADDRESS **3300 UNIVERSITY DRIVE, SUITE 100**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 REQUIRED

4-30-02

(352) 588-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)