


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90524 005 ****70.00

DOCUMENT # N99000007140
 1. Entity Name
TAMPA BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**11500 OLD TAMPA BAY DRIVE
 SAN ANTONIO, FL 33576**

Mailing Address
**11500 OLD TAMPA BAY DRIVE
 SAN ANTONIO, FL 33576**

50045746

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02012005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3701646 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WILSON, STEVE
 11500 OLD TAMPA BAY DRIVE
 SAN ANTONIO, FL 33576**

7. Name and Address of New Registered Agent
 Name **Jonnie R Tyler**
 Street Address (P.O. Box Number is Not Acceptable)
11500 Old Tampa Bay Dr.
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE **4-4-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILSON, STEVE 11500 OLD TAMPA BAY DRIVE SAN ANTONIO, FL 33576 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRIEFF, ROBERT 11500 OLD TAMPA BAY DRIVE SAN ANTONIO, FL 33576 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DIFIORE, CORA 3300 UNIVERSITY DRIVE, SUITE 100 CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Paul Leikert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3300 University Dr., Suite 100 Coral Springs, Fl 33065 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR