
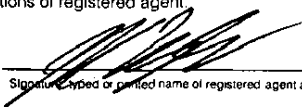
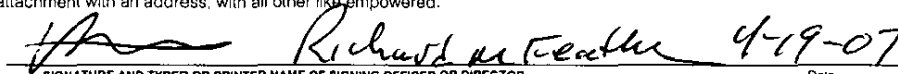


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90182 013 ****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		
2. Principal Place of Business - No P.O. Box # 16242 NORTH FLORIDA AVE		3. Mailing Address 16242 NORTH FLORIDA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03152007 Chg-NP CR2E037 (12/06)	
City & State LUTZ, FLORIDA		City & State LUTZ, FLORIDA		4. FEI Number 59-3701646	
Zip 33549 Country USA		Zip 33549 Country USA		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TYLER, JONNIE R 11500 OLD TAMPA BAY DRIVE SAN ANTONIO, FL 33576			Name - TYLER, JONNIE R Street Address (P.O. Box Number is Not Acceptable) 16242 NORTH FLORIDA AVENUE City LUTZ FL Zip Code 33549		
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  (NOTE Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 WILSON, STEVE	Delete <input type="checkbox"/>		TITLE NAME FEATHER, RICK	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 11500 OLD TAMPA BAY DRIVE			STREET ADDRESS 16242 NORTH FLORIDA AVENUE		
CITY-ST-ZIP SAN ANTONIO, FL 33576			LUTZ, FL 33549		
TITLE NAME KRIEFF, ROBERT	Delete <input type="checkbox"/>		TITLE NAME D MEADOWS, ROBERT	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 11500 OLD TAMPA BAY DRIVE			STREET ADDRESS 16242 NORTH FLORIDA AVENUE, LUTZ FL, 33549		
CITY-ST-ZIP SAN ANTONIO, FL 33576			LUTZ, FL 33549		
TITLE NAME FORREST, RON	Delete <input type="checkbox"/>		TITLE NAME TD ARCARO, LAUREN	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS 11500 OLD TAMPA BAY DR			STREET ADDRESS 16242 NORTH FLORIDA AVENUE		
CITY-ST-ZIP SAN ANTONIO, FL 33576			LUTZ, FL 33549		
TITLE NAME	Delete <input type="checkbox"/>		TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	Delete <input type="checkbox"/>		TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	Delete <input type="checkbox"/>		TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4-19-07 Daytime Phone #					

40003200

