


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

| | |
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| DOCUMENT # N99000007140 1. Entity Name TAMPA BAY COMMUNITY ASSOCIATION, INC. |  |
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FILED
 2008 NOV 17 AM 10:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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| Principal Place of Business 6150 STATE ROAD 70 BRADENTON, FL 34203 | Mailing Address 2391 PONTIAC RD AUBURN HILLS, MI 48326 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

11052008 Chg-NP CR2E037 (12/06)

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| 6. Name and Address of Current Registered Agent LANDARC, INC. 6150 STATE ROAD 70 BRADENTON, FL 34203 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

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| Amended AR is \$61.25 | 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 | D FEATHER, RICK <input type="checkbox"/> Delete | TITLE | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | 16242 NORTH FLORIDA AVENUE | NAME | 11331 OLD TAMPA BAY DR |
| STREET ADDRESS | LUTZ, FL 33549 | STREET ADDRESS | SAN ANTONIO, FL 33570 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MEADOWS, ROBERT | NAME | JOAN HEDLUND |
| STREET ADDRESS | 16242 NORTH FLORIDA AVE | STREET ADDRESS | 11331 OLD TAMPA BAY DR. |
| CITY-ST-ZIP | LUTZ, FL 33549 | CITY-ST-ZIP | SAN ANTONIO, FL 33570 |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | ARCARO, LAUREN | NAME | 11331 OLD TAMPA BAY DR. |
| STREET ADDRESS | 16242 NORTH FLORIDA AVENUE | STREET ADDRESS | SAN ANTONIO, FL 33570 |
| CITY-ST-ZIP | LUTZ, FL 33549 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | NAME | 300138013673 |
| STREET ADDRESS | | STREET ADDRESS | 11/17/08--01070--005 **\$1.25 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | | NAME | |
| 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: Richard M Feather Richard M Feather 11/16/08 813 843 7421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #