


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91428 027 ****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
Suite, Apt. #, etc.
City & State
Zip

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TYLER, JONNIE
11500 OLD TAMPA BAY DRIVE
SAN ANTONIO FL 33576

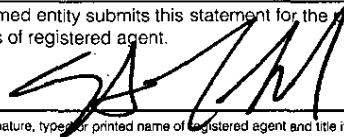
7. Name and Address of New Registered Agent

Name
Steve Wilson

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	FRIEDLAND, GARY
STREET ADDRESS	100 S BEDFORD ROAD
CITY-ST-ZIP	MT. RISC D NY 10549
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	TYLER, JONNIE
STREET ADDRESS	11500 OLD TAMPA BAY DRIVE
CITY-ST-ZIP	SAN ANTONIO FL 33576
TITLE	D <input type="checkbox"/> Delete
NAME	DIFIORE, CLARA
STREET ADDRESS	3300 UNIVERSITY DRIVE, SUITE 100
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Wilson
STREET ADDRESS	11500 Old Tampa Bay Drive
CITY-ST-ZIP	San Antonio, FL. 33576
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Krieff
STREET ADDRESS	11500 Old Tampa Bay Drive
CITY-ST-ZIP	San Antonio, FL. 33576
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

CR2E037 (10/02)