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FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708704** (2)
1. Corporation Name
BUILDERS ASSOCIATION OF GREATER TAMPA, INC.



Principal Place of Business 2918 W. KENNEDY BLVD STE 201 TAMPA FL 33609 US	Mailing Address 2918 W. KENNEDY BLVD. STE 201 TAMPA FL 33609 US
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3. Date Incorporated or Qualified 03/26/1965	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-0735336	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent NARKIEWICZ, JOSEPH A 2918 W. KENNEDY BLVD STE 201 TAMPA FL 33609	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *Joseph A. Narkiewicz* **Joseph NARKIEWICZ Exec VP** **5/22/98**

12. OFFICERS AND DIRECTORS	
TITLE PO	<input type="checkbox"/> DELETE
NAME FOWKE, JOHN C.	
STREET ADDRESS 128 W. ROBERTSON	
CITY-ST-ZIP BRANDON FL 33509	
TITLE PT	<input type="checkbox"/> DELETE
NAME STASZAK, MAX	
STREET ADDRESS 2312 EAGLE BLUFF DR.	
CITY-ST-ZIP VALRICO FL 33594	
TITLE TPD	<input type="checkbox"/> DELETE
NAME GRIGG, MICHELLE	
STREET ADDRESS 6703 N. HIMES AVE.	
CITY-ST-ZIP TAMPA FL 33614	
TITLE TVPD	<input type="checkbox"/> DELETE
NAME TRIPP, DOUG	
STREET ADDRESS 12973 TELECOM PKWY. N.	
CITY-ST-ZIP TAMPA FL 33637	
TITLE SVP	<input type="checkbox"/> DELETE
NAME ACKER, DAVE	
STREET ADDRESS 5421 WINDBUSH DR.	
CITY-ST-ZIP TAMPA FL 33625	
TITLE VS	<input type="checkbox"/> DELETE
NAME DARLINGTON, MARGO	
STREET ADDRESS 4815 NO BLVD	
CITY-ST-ZIP TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Mike Southward	
1.3 STREET ADDRESS 3550 Bushwood Park Dr, Ste 210	
1.4 CITY-ST-ZIP Tampa, FL 33618	
2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Judy JAMES	
2.3 STREET ADDRESS 325 S BOULEVARD	
2.4 CITY-ST-ZIP Tampa, FL 33606	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME FRANK Scimeca	
3.3 STREET ADDRESS 2402 N 56th St, Ste 890	
3.4 CITY-ST-ZIP Tampa, FL 33617	
4.1 TITLE TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Ted Chronis	
4.3 STREET ADDRESS 26750 US Hwy 19 N, Ste 301	
4.4 CITY-ST-ZIP Clearwater, FL 34621	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: *[Signature]* **5/27/98 813-933-4424**

CR2E037 (10/97)