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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30898

1. Corporation Name

1508 SOUTH HOWARD PROPERTY OWNERS, INC.

Principal Place of Business

C/O ANDOVER PROPERTIES INC
5008 W LINEBAUGH AVE #15
TAMPA FL 33624
US

Mailing Address

C/O ANDOVER PROPERTIES INC
5008 W LINEBAUGH AVE. #15
TAMPA FL 33624
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/28/1989

4. FEI Number

59-2957506

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**ANDOVER PROPERTIES INC
5008 W LINEBAUGH AVE
SUITE 15
TAMPA FL 33624**

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TILLMAN, SHARON
STREET ADDRESS 1508 S HOWARD AVE., UNIT H
CITY-ST-ZIP TAMPA FL 33606 ☐ DELETE

TITLE SD
NAME EBBOMG. KPE
STREET ADDRESS 1508 S HOWARD AVE., UNIT I
CITY-ST-ZIP TAMPA FL 33606 ☒ DELETE

TITLE TD
NAME ALFANO, BENNY
STREET ADDRESS 1508 S HOWARD AVE., UNIT B
CITY-ST-ZIP TAMPA FL 33606 ☒ DELETE

TITLE D
NAME DOLIM, MAUREEN
STREET ADDRESS 1508 S HOWARD AVE., UNIT D
CITY-ST-ZIP TAMPA FL 33606 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**SD
EBBING, JOE
1508 S. HOWARD AVE, UNIT I
TAMPA, FL 33606**

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**ST
DOOLAN, MAUREEN
1508 S. HOWARD AVE, UNIT D
TAMPA, FL 33606**

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

**D
BARNES, DENISE
1508 S. HOWARD AVE, UNIT E
TAMPA, FL 33606**

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 an attachment with an address, with all other like empowered.

SIGNATURE:

MAGNATBRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)