

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000006680

Entity Name: TB AFFORDABLE HOUSING, INC.**Current Principal Place of Business:**5300 WEST CYPRESS STR., STE. 200
TAMPA, FL 33607**Current Mailing Address:**5300 WEST CYPRESS STR., STE. 200
TAMPA, FL 33607 US**FEI Number:** 82-2148522**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MACDONALD, LAUREL C
5300 WEST CYPRESS STR., STE. 200
TAMPA, FL 33607 US*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.***SIGNATURE:** LAUREL C MACDONALD

02/02/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, VP
Name LAMPE, DOUGLAS
Address PO BOX 371
City-State-Zip: TERRA CEIA FL 34250

Title D,S,T
Name ATTKISSON, JAMES R
Address 9600 KOGER BOULEVARD
STE 105
City-State-Zip: ST PETERSBURG FL 33702

Title D
Name BROWN, LARRY
Address 5802 N OCCIDENT STREET
City-State-Zip: TAMPA FL 33614

Title D
Name JOHNSON, DAVID
Address 2799 FEATHER SOUND DRIVE
City-State-Zip: CLEARWATER FL 33762

Title D,P
Name CLARKE, CARTER
Address 2655 ULMERTON ROAD
STE 122
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name CLARKE IV, CARTER
Address 7600 131ST STREET
City-State-Zip: SEMINOLE FL 33776

Title DIRECTOR
Name ELEAZER, FORREST
Address 2363 GULF TO BARY BLVD
200
City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR
Name ELLIS, ADAM
Address 135 16TH AVENUE NE
City-State-Zip: ST PETERSBURG FL 33704

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARTER CLARKE**PRESIDENT**

02/02/2022

Electronic Signature of Signing Officer/Director Detail

Date