FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 PM 1:01

DOCUMENT # 715510 (4)

1. Corporation Name

C.T.A. RIVER APARTMENTS, INC.

Principal Place of Business	Mailing Address
4505 NORTH ROME AVENUE TAMPA FL 33603	4505 NORTH ROME AVENUE TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1968	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1371756	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GONZALEZ, MARY F.
14118 VILLAGE VIEW DR.
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BREEDEN, BRENDA
STREET ADDRESS	6619 BAYBROOKS CIRCLE
CITY ST ZIP	TEMPLE TERRACE FL
TITLE	S
NAME	WILSON, TERRANCE J.
STREET ADDRESS	5109 RIVER BLVD.
CITY ST ZIP	TAMPA FL
TITLE	VC
NAME	WILSON, ELIZABETH G.
STREET ADDRESS	5109 RIVER BLVD.
CITY ST ZIP	TAMPA FL
TITLE	D
NAME	SANCHEZ, CARMEN
STREET ADDRESS	6705 ADAH AVE
CITY ST ZIP	TAMPA FL
TITLE	C
NAME	GONZALEZ, MARY
STREET ADDRESS	14118 VILLAGE VIEW DR
CITY ST ZIP	TAMPA FL
TITLE	D
NAME	BUTTS, EVELYN
STREET ADDRESS	1202-24TH AVE
CITY ST ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS	REMITTED BY	
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Mary F. Gonzalez — 04/25/95 — (813) 238-7902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063306