FILE NOW: FILING FEE IS $61.25

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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 11/04/1968

4. FEI Number: 59-1371756 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALEZ, MARY F.
~~14118 VILLAGE VIEW DR.~~ 10701 Stallgate Drive
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, PEGGY		1.2 NAME		
STREET ADDRESS	3107 ARCH STREET WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, TERRANCE J.		2.2 NAME		
STREET ADDRESS	5109 RIVER BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	WILSON, ELIZABETH G.		3.2 NAME	Brummond, Toni	
STREET ADDRESS	5109 RIVER BLVD.		3.3 STREET ADDRESS	5119 Corvette Drive	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, FL 33624	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SANCHEZ, CARMEN		4.2 NAME		
STREET ADDRESS	6705 ADAH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	5.1 TITLE	C	☒ Change ☐ Addition
NAME	GONZALEZ, MARY		5.2 NAME	Gonzalez, Mary F.	
STREET ADDRESS	14118 VILLAGE VIEW DR		5.3 STREET ADDRESS	10701 Stallgate Drive	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	Tampa, FL 33624	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BUTTS, EVELYN		6.2 NAME		
STREET ADDRESS	1202-24TH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Mary F. Gonzalez Mary F. Gonzalez 1/13/98 (813) 238-7902