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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 715510

1. Corporation Name

C.T.A. RIVER APARTMENTS, INC.

444138 - 90116 - 1

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

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country [25]	2a. Mailing Address [26] Suite, Apt. #, etc. [27] City & State [28] Zip Country [29] [30]	3. Date Incorporated or Qualifed 11/04/1968 4. FEI Number 59-1371756 ☐ Applied For ☐ Not Applicable 5. Certifcate 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

~~GONZALEZ, MARY F.~~
~~10701 STALLGATE DR~~
~~TAMPA FL 33624~~

10. Name and Address of New Registered Agent

81 Name: Terrance J. Wilson
82 Street Address (P.O. Box Number is Not Acceptable)
83: 5109 River Boulevard
84 City: Tampa **FL** 85 Zip Code: 33603

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: Terrance J. Wilson — Terrance J. Wilson Secretary-Treasurer — 1-21-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 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		☒ Change ☐ Addition
NAME	BROMMON, TONI		3.2 NAME	Brummond, Toni	
STREET ADDRESS	5119 CORVETTE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 3362		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SANCHEZ, CARMEN		4.2 NAME	Grant, Sandra	
STREET ADDRESS	6705 ADAH AVE		4.3 STREET ADDRESS	6405 Walton Way	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, FL 33610	
TITLE	C	☒ DELETE	5.1 TITLE	C	☐ Change ☒ Addition
NAME	GONZALEZ, MARY F		5.2 NAME	Norwood, Willie L.	
STREET ADDRESS	10701 STALLGATE DR		5.3 STREET ADDRESS	9858 Gilchrist Drive	
CITY-ST-ZIP	TAMPA FL 33624		5.4 CITY-ST-ZIP	Seffner, FL 33584	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BUTTS, EVELYN		6.2 NAME	Breeden, Brenda	
STREET ADDRESS	1202-24TH AVE		6.3 STREET ADDRESS	12123 Riverhills Drive	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	Tampa, FL 33617	

CR2E037 (11/98)

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: SIGNATURE REQUIRED Terrance J. Wilson, Secretary-Treasurer 1-21-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #