

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90116 001 ****61.25

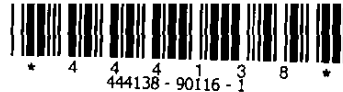
DOCUMENT # 715510

1. Corporation Name

C.T.A. RIVER APARTMENTS, INC.

Principal Place of Business
**4505 NORTH FOME AVENUE
TAMPA FL 33603**

Mailing Address
**4505 NORTH ROME AVENUE
TAMPA FL 33603**



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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/04/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1371756	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GONZALEZ, MARY F. 10701 STALLGATE DR TAMPA FL 33624				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	☐ 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	☐ 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	☐ 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

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

CR2E037 (11/98)