

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738584

FILED
Apr 29, 2005
Secretary of State

Entity Name: TRI CITY APARTMENT ASSOCIATION, INC.

Current Principal Place of Business:

6107B MEMORIAL WAY
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

6107B MEMORIAL WAY
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 59-2404481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERM, CECILY L
6107B MEMORIAL WAY
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PPD () Delete
Name: LIBBY DEVENNY,
Address: 708 2ND AVE EAST
City-St-Zip: PALMETTO, FL 34221

Title: TD () Delete
Name: SCHEFFSKY, SHAWN
Address: 5124 VIVIAN PLACE
City-St-Zip: TAMPA, FL 336195344

Title: PD () Delete
Name: HANNON, LESLIE
Address: 5800 LYNN LAKE DR
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: ED () Delete
Name: GWINN, DILYNE
Address: 6107 B MEMORIAL HWY
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PPD (X) Change () Addition
Name: HANNON, LESLIE
Address: 5800 LYNN LAKE DR
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DILYNE GWINN

ED

04/29/2005

Electronic Signature of Signing Officer or Director

Date