

FILE NOW: FILING FEE IS \$61.25

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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755403** (3)

1. Corporation Name

TAHITIAN APARTMENTS COOPERATIVE, INC.

Principal Place of Business

3128 N BLVD
TAMPA FL 33603-2542

Mailing Address

3128 N BLVD
TAMPA FL 33603-5542

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/08/1980	3a. Date of Last Report 06/07/1996
21 201 N. Hillcrest Dr.		26 201 N. Hillcrest Dr.		4. FEI Number 59-2014028	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Clearwater, Fl.		28 Clearwater, Fl.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 34615		29 34615		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TERPACK, PATRICIA LEE 3128 NORTH BLVD TAMPA FL 33603				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				201 N. Hillcrest Drive			
				84 City Clearwater			
				85 Zip Code FL 34615			

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

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 IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TERPACK, PATRICIA LEE			1.2 NAME			
STREET ADDRESS	3128 NORTH BLVD			1.3 STREET ADDRESS	201 North Hillcrest Drive		
CITY - ST - ZIP	TAMPA FL			1.4 CITY - ST - ZIP	Clearwater, Fl. 34615		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STAPLETON, CARL			2.2 NAME	D		
STREET ADDRESS	4820 FAULKENBURG RD			2.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL			2.4 CITY - ST - ZIP			
TITLE	TDS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAFFEO, MICHAEL A.			3.2 NAME			
STREET ADDRESS	309 WEST WILDER AVE			3.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEREZ, DENNIS A			4.2 NAME			
STREET ADDRESS	14001 LAKE MAGDALENE BLV			4.3 STREET ADDRESS	4902 N. McDill Ave.		
CITY - ST - ZIP	TAMPA FL			4.4 CITY - ST - ZIP	Tampa, Fl. 33614		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GANDY, CHARLES V			5.2 NAME	Mark Moonay		
STREET ADDRESS	5120 LONGFELLOW			5.3 STREET ADDRESS	4307 Northpark Drive		
CITY - ST - ZIP	TAMPA FL			5.4 CITY - ST - ZIP	Tampa, Fl. 33624		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Lee Terpack 3/11/97

813-4612464

CR2E037 (9/96)