

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 761473 (8)
1. Corporation Name
TAMPA NEIGHBORHOOD WATCH ASSOCIATION, INC.



Principal Place of Business
1710 N. TAMPA ST.
TAMPA FL 33602
US

Mailing Address
1710 N TAMPA STREET
TAMPA FL 33602
US

3. Date Incorporated or Qualified
01/14/1982

3a. Date of Last Report
03/09/1995

4. FEI Number
59-2201398

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

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

9. Name and Address of Current Registered Agent

ST. IVES, ANTHONY E
1710 NORTH TAMPA STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
M. STEVE MCCARTHY % TNWA

82 Street Address (P.O. Box Number is Not Acceptable)
1710 N. TAMPA ST.

83

84 City
TAMPA

FL 85 Zip Code
33602

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPT
ST. IVES, ANTHONY E
1227 EAST POWHATAN AVENUE
TAMPA FL

DELETE ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HODGES, JOYCE
9614 CENTRAL AVE., SUITE 23
TAMPA FL

DELETE ☒

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
MASSARO, PAUL
2307 KNOLLWOOD PLACE
TAMPA FL

DELETE ☒

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE ☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

PD
M. STEVE MCCARTHY
2330 E. 112TH AVE.
TAMPA, FL 33612

Change ☐ Addition ☒

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

SD
EARLENE SMITH POSTERARO
516 W. HOWRY LANE
TAMPA FL 33604

Change ☐ Addition ☒

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TD
HEIDI LONDON
462 ERIE AVENUE
TAMPA, FLORIDA 33606-3642

Change ☐ Addition ☒

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

VD
ANTHONY E. ST. IVES
1227 EAST POWHATAN AVENUE
TAMPA, FL 33604

Change ☒ Addition ☐

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

900001832439
-05/21/96--01104--002
***70.00

Change ☐ Addition ☐

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-96 (813) 690-2111
Cellular phone.

CR2E037 (12/95)