

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90210 019 ****70.00

DOCUMENT # 761473

1. Corporation Name

TAMPA NEIGHBORHOOD WATCH ASSOCIATION, INC.

Principal Place of Business

411 N. FRANKLIN ST
TAMPA FL 33602
US

Mailing Address

8711 EDNAM PL
TAMPA FL 33604
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/14/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2201398

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLINS, DANIEL W
8711 EDNAM PL
TAMPA FL 33604

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME COLLINS, DANIEL W

STREET ADDRESS 8711 EDNAM PL

CITY-ST-ZIP TAMPA FL 33604

TITLE VD ☐ DELETE

NAME DURST, MARILYN

STREET ADDRESS 4004 BAY VILLA AVE

CITY-ST-ZIP TAMPA FL 33611

TITLE TD ☐ DELETE

NAME HARDEN, JOSEPH

STREET ADDRESS 1317 W. ROBSON ST

CITY-ST-ZIP TAMPA FL 33604

TITLE SD ☒ DELETE

NAME SHAFFER, BETTY

STREET ADDRESS 1422 109TH AVE

CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Daniel W. Collins **Daniel W. Collins** 1/21/99 813-988-1315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)