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Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766365** (1)

1. Corporation Name

**TAMPA BAY EXECUTIVES' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O NANCY R. KISSANE  
P O BOX 10682  
TAMPA FL 33679-0682  
US

C/O NANCY R. KISSANE  
P O BOX 10682  
TAMPA FL 33679-0682  
US

3. Date Incorporated or Qualified

**12/30/1982**

4. FEI Number

**59-2275881**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KISSANE, NANCY R  
10312 CARROLL SHORES PLACE  
TAMPA FL 33612

81 Name

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

**8902 N. Dale Mabry Hwy., Ste 102**

83

84 City

**Tampa**

**FL**

85 Zip Code

**33614**

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 *Nancy R. Kissane*  
Signature, typed or printed name of registered agent and title if applicable

*Nancy R. Kissane*  
(NOTE: Registered Agent signature required when reinstating)

**4-16-98**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **LEWKOWICZ, JOSEPH**  
STREET ADDRESS **10213 LAKE CARROLL WAY**  
CITY-ST-ZIP **TAMPA FL 33618**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE

NAME **KISSANE, JIM**  
STREET ADDRESS **550 N. REO ST., STE 300**  
CITY-ST-ZIP **TAMPA FL 33609**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**PRESIDENT**

☒ Change ☐ Addition

TITLE **TD** ☒ DELETE

NAME **WADSWORTH, WILLIAM**  
STREET ADDRESS **333 HENDERSON BLVD**  
CITY-ST-ZIP **TAMPA FL 33679**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**VICE PRESIDENT**

☐ Change ☒ Addition

TITLE **D** ☒ DELETE

NAME **PEREZ, DEBORAH**  
STREET ADDRESS **1301 W. FLETCHER AVE**  
CITY-ST-ZIP **TAMPA FL 33612**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**DIRECTOR**

☐ Change ☒ Addition

TITLE **D** ☐ DELETE

NAME **RIVERA, MARIO**  
STREET ADDRESS **3820 NORTHDAL BLVD**  
CITY-ST-ZIP **TAMPA FL 33624**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**VICE PRESIDENT**

☐ Change ☐ Addition

TITLE **SD** ☐ DELETE

NAME **KISSANE, NANCY R**  
STREET ADDRESS **10312 CARROLL SHORES PL**  
CITY-ST-ZIP **TAMPA FL 33612**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**DIRECTOR**

☒ Change ☐ Addition

**8902 N. DALE MABRY HWY., Ste. 102  
TAMPA, FL 33614**

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.

SIGNATURE: *Nancy R. Kissane* **NANCY R. KISSANE** **4/16/98** **813/931-9537**

CR2E037 (10/97)