

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766365

1. Corporation Name

TAMPA BAY EXECUTIVES' ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90044 027 ****61.25

* 3 4 3 8 5 1 *
343851 - 90044 - 27



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified
12/30/1982

4. FEI Number
59-2275881

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KISSANE, NANCY R
8902 N. DALE MABRY HWY, STE. 102
TAMPA FL 33614

10. Name and Address of New Registered Agent

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

TITLE ☒ DELETE
NAME P
STREET ADDRESS KISSANE, JIM
CITY-ST-ZIP 8902 N. DALE MABRY HWY, STE. 102
TAMPA FL 33614

TITLE ☐ DELETE
NAME VP
STREET ADDRESS CURBELO, DANNY
CITY-ST-ZIP 4224 W. HENDERSON BLVD
TAMPA FL 33629

TITLE ☒ DELETE
NAME D
STREET ADDRESS TAFT, JEANETTE
CITY-ST-ZIP 118 S. WESTSHORE BLVD
TAMPA FL 33609

TITLE ☒ DELETE
NAME D
STREET ADDRESS RIVERA, MARIO
CITY-ST-ZIP 3820 NORTHDAL BLVD
TAMPA FL 34624

TITLE ☐ DELETE
NAME SD
STREET ADDRESS KISSANE, NANCY R
CITY-ST-ZIP 8902 N. DALE MABRY HWY, STE. 102
TAMPA FL 33614

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Alan Williamson
1.3 STREET ADDRESS 1 Urban Centre, 4830 W. Kennedy Blvd.
1.4 CITY-ST-ZIP Ste. 800 Tampa, FL 33609

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Chris Stewart
2.3 STREET ADDRESS 1212 N. 39th St., Ste. 200
2.4 CITY-ST-ZIP Tampa, FL 33605

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Michael Alea
3.3 STREET ADDRESS 1463 Oakfield Drive
3.4 CITY-ST-ZIP Brandon, FL 33511-4854

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Nancy R. Kissane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

813.931.9537

Date

Daytime Phone #

CR2E037 (11/98)