

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
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90194 033 ****61.25

DOCUMENT # 769639

1. Corporation Name

**DOWNTOWN TIERRA VERDE CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business

~~4120 PINELLAS BAYWAY~~
~~114 OUBEKKAS BAYWAY~~
~~TIERRA VERDE FL 33715~~
~~US~~

Mailing Address

~~118 PINELLAS BAYWAY~~
~~TIERRA VERDE FL 33715~~
~~US~~



2. Principal Place of Business

21 **1120 PINELLAS BAYWAY**

2a. Mailing Address

26 **6025 SUN BLVD**

3. Date Incorporated or Qualified

08/01/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2445874

Applied For

Not Applicable

City & State

23 **TIERRA VERDE FL**

City & State

28 **ST. PETERSBURG FL**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

24 **33715** 25 **USA**

Zip

Country

29 **33715** 30 **USA**

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

~~LINDA L ALLEN~~
~~118 PINELLAS BAYWAY~~
~~TIERRA VERDE FL 33715~~

10. Name and Address of New Registered Agent

81 Name **ALBERTO FREDA**
82 Street Address (P.O. Box Number is Not Acceptable)
6025 SUN BLVD.
83 **SUITE 202**
84 City **ST. PETERSBURG** 85 **FL** 86 Zip Code **33715**

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

4/1/99

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **RANDALL, ZANE**
STREET ADDRESS **138 1ST ST E**
CITY-ST-ZIP **TIERRA VERDE FL**

TITLE **SD** ☐ DELETE
NAME **GEE, PAT**
STREET ADDRESS **1120 PINELLAS BAYWAY**
CITY-ST-ZIP **TIERRA VERDE FL**

TITLE **PD** ☐ DELETE
NAME **HERB CALLAHAN**
STREET ADDRESS **150-2C PINELLAS BAYWAY #208**
CITY-ST-ZIP **TIERRA VERDE FL**

TITLE **TD** ☐ DELETE
NAME **BOB DOUGLASS**
STREET ADDRESS **8351 BLIND PASS RD., SUITE B**
CITY-ST-ZIP **ST. PETE BEACH FL**

TITLE **D** ☐ DELETE
NAME **MOORE, BILLY**
STREET ADDRESS **1 COLLANY RD**
CITY-ST-ZIP **TIERRA VERDE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99
Date

727/804-0004
Daytime Phone #

CR2E037 (11/98)