

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90251 020 ****70.00

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| DOCUMENT # N02000006366 | | | | | |
| 1. Entity Name NORTH "B" TOWNHOMES HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 601 N. LOIS AVENUE TAMPA, FL 33609 | | | Mailing Address 601 N. LOIS AVENUE TAMPA, FL 33609 | | |
| 34016001 | | | | | |
| 2. Principal Place of Business 4216 W. NORTH B ST Suite, Apt. #, etc. | | 3. Mailing Address 4216 W. NORTH B ST. Suite, Apt. #, etc. | | 04182004 Chg-NP CR2E037 (10/03) | |
| City & State TAMPA FL | | City & State TAMPA FL 3 | | 4. FEI Number 51-0454470 - | |
| Zip 33609 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SLATER, KEITH 601 N. LOIS AVENUE TAMPA, FL 33609 | | | 7. Name and Address of New Registered Agent Name: NICK MATASSINI Street Address (P.O. Box Number is Not Acceptable): 4216 W NORTH B ST. - UNIT B City: TAMPA FL Zip Code: 33609 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Nickolas G Matassini</u> NICK MATASSINI 4/24/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE D NAME MARCUS, ELTON STREET ADDRESS 601 N. LOIS AVENUE CITY-ST-ZIP TAMPA, FL 33609 | <input checked="" type="checkbox"/> Delete | | TITLE PRESIDENT/DIRECTOR NAME NICK MATASSINI STREET ADDRESS 4216 W. NORTH B ST. - UNIT B CITY-ST-ZIP TAMPA, FL 33609 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME SLATER, KEITH STREET ADDRESS 601 N. LOIS AVENUE CITY-ST-ZIP TAMPA, FL 33609 | <input checked="" type="checkbox"/> Delete | | TITLE SECRETARY/DIRECTOR NAME ANDREA BORDILLO STREET ADDRESS 4216 W NORTH B ST - UNIT C CITY-ST-ZIP TAMPA, FL 33609 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME DONNELLY, SEAN STREET ADDRESS 601 N. LOIS AVENUE CITY-ST-ZIP TAMPA, FL 33609 | <input checked="" type="checkbox"/> Delete | | TITLE TREASURER/DIRECTOR NAME KATHLEEN BRETT STREET ADDRESS 4216 W. NORTH B ST - UNIT A CITY-ST-ZIP TAMPA, FL 33609 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Nickolas G Matassini</u> | | | NICK MATASSINI 4/24/04 (813) 185-5611 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |