

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998**


FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

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SECRETARY OF STATE


**DOCUMENT # N04022**
**(2)**

1. Corporation Name

ALCALDE OF YBOR CITY, INC.

Principal Place of Business

 19210 HIAWATHA ROAD, ODESSA, FL 33556  
P.O. BOX 75700  
TAMPA FL 33675

Mailing Address

 P O BOX 75700  
P.O. BOX 75700  
TAMPA FL 33675  
US

3. Date Incorporated or Qualified

07/01/1984

4. FEI Number

59-6150965

Applied For

Not Applicable

2. Principal Place of Business

21 15806 Knollview DR

Suite, Apt. #, etc.

22 P O BOX 75700

City &amp; State

23 Tampa FL

Zip

24 33624

Country

25 Hills

2a. Mailing Address

26 P.O. BOX 75700

Suite, Apt. #, etc.

27

City &amp; State

28 TAMPA FL

Zip

29 33675

Country

30 Hills

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

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

 ST. PAUL, GUY  
19210 HIAWATHA RD  
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name

CAROL C. Rodriguez

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

15806 Knollview DR

83

84 City

TAMPA

FL

85 Zip Code

33624

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 CAROL C. Rodriguez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/18/98

12. OFFICERS AND DIRECTORS

 TITLE VD ☒ DELETE

NAME CNICIO, ANTHONY

STREET ADDRESS 3306 CORDELIA ST

CITY-ST-ZIP TAMPA FL

 TITLE TD ☐ DELETE

NAME RODRIGUEZ, DESIR'EE

STREET ADDRESS 15806 KNOLLVIEW DR

CITY-ST-ZIP TAMPA FL

 TITLE SD ☒ DELETE

NAME STEPHENS, AMANDA

STREET ADDRESS 3317 W NEW ORLEANS AVE

CITY-ST-ZIP TAMPA FL

 TITLE PD ☒ DELETE

NAME STEPHENS, GENE

STREET ADDRESS 3317 W NEW ORLEANS AVE

CITY-ST-ZIP TAMPA FL

 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE PRESIDENT / Dir. ☒ Change ☐ Addition

1.2 NAME DAGO BENTO RODRIGUEZ, JR CONFIDENTIAL 119-07

1.3 STREET ADDRESS 15806 Knollview DR. ALTERNATE 3110 Cordelia

1.4 CITY-ST-ZIP TAMPA, FL 33607 ST

 2.1 TITLE 2000026750 ☐ Change ☐ Addition

2.2 NAME -10/28/98-01087-024

2.3 STREET ADDRESS \*\*\*\*\*61.25 \*\*\*\*\*61.25

2.4 CITY-ST-ZIP

 3.1 TITLE SECRETARY / Dir ☒ Change ☐ Addition

3.2 NAME BARBARA MARTIN

3.3 STREET ADDRESS 3333 Pine St.

3.4 CITY-ST-ZIP TAMPA, FL 33607

 4.1 TITLE Vice-President / Dir ☒ Change ☐ Addition

4.2 NAME CURTIS T. WETHERINGTON

4.3 STREET ADDRESS 7405 Oak Vista Circle

4.4 CITY-ST-ZIP TAMPA, FL 33634

 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.

 SIGNATURE: DAGO BENTO RODRIGUEZ, JR 9/18/98 (813) 47-8714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0008717

CR2E037 (5/98)