

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90061 036 ****61.25

DOCUMENT # N09778

1. Entity Name

THE RESIDENTS' ASSOCIATION OF JOHN KNOX
VILLAGE OF TAMPA BAY, INC.



Principal Place of Business

4100 E FLETCHER AVE
BOX 1209
TAMPA FL 33613
US

Mailing Address

4100 E. FLETCHER AVE.
BOX 1209
TAMPA FL 33613
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2576523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WILLS, EVA MAE~~
~~4000 E. FLETCHER AVE., #F106~~
~~TAMPA FL 33613~~

Name

MIRIAM K. HILL

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

4000 E. FLETCHER, APT. # G-302

TAMPA, FL

City

FL

Zip Code

33613-4898

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 *Miriam K. Hill*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-06

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STROEHER, O.S.	
STREET ADDRESS	4000 E FLETCHER AVE #D-110	
CITY-ST-ZIP	TAMPA FL 33613	

TITLE	V	<input type="checkbox"/> Delete
NAME	VANN, THOMAS	
STREET ADDRESS	4000 E. FLETCHER AVE # C-101	
CITY-ST-ZIP	TAMPA FL 33613	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STANTON, RICHARD	
STREET ADDRESS	4000 E. FLETCHER AVE # G-314	
CITY-ST-ZIP	TAMPA FL 33613	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SPARKMAN, SIMEON	
STREET ADDRESS	4000 E FLETCHER AVE F-306	
CITY-ST-ZIP	TAMPA FL 33613	

TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	HILL, MIRIAM	
STREET ADDRESS	4000 E. FLETCHER AVE. # G-302	
CITY-ST-ZIP	TAMPA FL 33613	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SPEER, GRACE	
STREET ADDRESS	4000 E FLETCHER AVE F-104	
CITY-ST-ZIP	TAMPA FL 33613	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRIAM HILL	
STREET ADDRESS	4000 E. FLETCHER, Apt. #G-302	
CITY-ST-ZIP	TAMPA, FL 33613-4898	

TITLE	2nd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGSY PECK	
STREET ADDRESS	4000 E. Fletcher, Apt. B-212	
CITY-ST-ZIP	TAMPA, FL 33613	

TITLE	ASST. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERT GIFFORD, #312	
STREET ADDRESS	TAMPA, FLA. 33613	
CITY-ST-ZIP	4000 E. Fletcher, Apt. #I-312	

TITLE	THE ASST. SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENE YMIOLK	
STREET ADDRESS	4000 E. FLETCHER, APT. H-209	
CITY-ST-ZIP	TAMPA, FLA. 33613	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *MIRIAM K. HILL* *Miriam K. Hill* 1-30-06 (813) 910-9108