

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90139 015 ****61.25

0050759

DOCUMENT # N20560

1. Corporation Name

TAMPA SHORES/IMPERIAL KEY CIVIC ASSOCIATION, INC

Principal Place of Business

10717 DALTON AVE
C/O PAUL E MILLARD
TAMPA FL 33615
US

Mailing Address

10717 DALTON AVE
C/O PAUL E MILLARD
TAMPA FL 33615
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/08/1987

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

LANDRUM, JOAN
5727 IMPERIAL KEY BLVD
TAMPA FL 33615

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Audrey Joan Landrum Audrey Joan Landrum

4-15-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME T
STREET ADDRESS MILLARD, PAUL E
CITY-ST-ZIP 10717 DALTON AVE
TAMPA FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS PEDIGO, BILLIE
CITY-ST-ZIP 10722 DRUMMOND AVE
TAMPA FL 33615

TITLE ☐ DELETE
NAME D
STREET ADDRESS MILLARD, ROBERTA
CITY-ST-ZIP 10717 DALTON AVE
TAMPA FL 33615

TITLE ☐ DELETE
NAME D
STREET ADDRESS POROWSKI, AGNES
CITY-ST-ZIP 6009 TAMPA SHORES BLVD
TAMPA FL 33615

TITLE ☐ DELETE
NAME S
STREET ADDRESS GRAHAM, KAREN
CITY-ST-ZIP 5730 IMPERIAL KEY
TAMPA FL

TITLE ☐ DELETE
NAME VP
STREET ADDRESS WARE, BRAD
CITY-ST-ZIP 5741 IMPERIAL KEY
TAMPA FL

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:

Paul E. Millard Paul E. Millard 4/27/99 813-228-6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)