

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N27355 (9)

1. Corporation Name

UNIVERSITY COMMUNITY CIVIC ASSOCIATION, INC.

Principal Place of Business

**5017 E 127TH AVE
TAMPA FL 33617
US**

Mailing Address

**5017 E 127TH AVE
TAMPA FL 33617
US**



3. Date Incorporated or Qualified
07/11/1988

3a. Date of Last Report
07/31/1995

2. Principal Place of Business

2a. Mailing Address

21 **12301 N. 52nd St.**

26 **12301 N. 52nd St.**

4. FEI Number
59-3028972

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
Tampa FL

27 City & State
Tampa FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip
33617

25 Country
USA

29 Zip
33617

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FAIN, BRIAN
5017 E 127TH AVE
TAMPA FL 33617**

81 Name **Sherrill M. Tomasino**
82 Street Address (P.O. Box Number is Not Acceptable)
12301 N. 52nd St.
83
84 City **Tampa** FL 85 Zip Code **33617**

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

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

Sherrill M. Tomasino, President

4/30/96
DATE

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FAIN, BILL	
STREET ADDRESS	5017 127 AVE E.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SANDERSON, JIM	
STREET ADDRESS	12307 N. 52ND ST.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DAVID WALLACE	
STREET ADDRESS	13108 N. 53RD STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PAUL HUSKA	
STREET ADDRESS	5118 E. 122ND STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EVELYN PANZER	
STREET ADDRESS	5301 E. 131ST AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BETTY ENLOW	
STREET ADDRESS	5204 E. 127TH AVENUE	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tomasino, Sherrill M.	
1.3 STREET ADDRESS	12301 N. 52nd St.	
1.4 CITY-ST-ZIP	Tampa, FL 33617	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Giles	
2.3 STREET ADDRESS	11712 N. 51st St.	
2.4 CITY-ST-ZIP	Tampa, FL 33617	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jerri Durso	
3.3 STREET ADDRESS	12305 N. 52nd St.	
3.4 CITY-ST-ZIP	Tampa FL 33617	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sharon Sheffield	
4.3 STREET ADDRESS	12210 N. 52nd St.	
4.4 CITY-ST-ZIP	Tampa, FL 33617	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jack Cohee	
5.3 STREET ADDRESS	5016 E. 122nd Ave	
5.4 CITY-ST-ZIP	Tampa FL 33617	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lamier Williams	
6.3 STREET ADDRESS	12611 N. 51st St.	
6.4 CITY-ST-ZIP	Tampa FL 33617	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sherrill M. Tomasino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/3. 988. 9/12
Daytime Phone #

CR2E037 (12/95)