08091999-90003-007-$61.25-$61.25

FILED
Aug 09, 1999 8:00 am
Secretary of State
08-09-1999 90003 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29136

1. Corporation Name
TAMPA EAST OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ONE TAMPA CITY CENTER SUITE 2865 TAMPA FL 33602	ONE TAMPA CITY CENTER SUITE 2865 TAMPA FL 33602

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/04/1988
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2936614 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIMON, BARBARA ONE TAMPA CITY CENTER SUITE 2865 TAMPA FL 33602	81 Name: David A. Roby 82 Street Address (P.O. Box Number is Not Acceptable): One Tampa City Center, Suite 2865 83 84 City: Tampa **FL** 85 Zip Code: 33602

11. Pursuant to the provisions of Sections 617.0502 and 617.1500, 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 _____ 9/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DTS	☒ DELETE	1.1 TITLE	Director, President	☒ Change ☐ Addition
NAME	MANLEY, CHRISTOPHER R.		1.2 NAME	David A. Roby	
STREET ADDRESS	207D KELSEY LANE		1.3 STREET ADDRESS	One Tampa City Center, Ste. 2865	
CITY-ST-ZIP	TAMPA FL 33619		1.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	DP	☒ DELETE	2.1 TITLE	Director, Vice President	☒ Change ☐ Addition
NAME	SIMON, BARBARA ANN		2.2 NAME	Larry Puzzo	
STREET ADDRESS	ONE TAMPA CITY CENTER, SUITE 2865		2.3 STREET ADDRESS	242-Trumbull Street	
CITY-ST-ZIP	TAMPA FL 33602		2.4 CITY-ST-ZIP	Hartford, CT 06103	
TITLE	DVP	☒ DELETE	3.1 TITLE	Director, Sec./Treasurer	☐ Change ☐ Addition
NAME	ROBY, DAVE		3.2 NAME	Randall Bongard	
STREET ADDRESS	ONE TAMPA CITY CENTER, SUITE 2865		3.3 STREET ADDRESS	207 D Kelsey Lane	
CITY-ST-ZIP	TAMPA FL 33602		3.4 CITY-ST-ZIP	Tampa, Fl 33619	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Director	☒ Change ☐ Addition
NAME			5.2 NAME	John Morrell	
STREET ADDRESS			5.3 STREET ADDRESS	16-8 N. 24th St.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tampa, FL 33605	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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: SIGNATURE REQUIRED Dave Roby 7/9/99 813-229-0135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #