

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90080 025 ****61.25

DOCUMENT # N29465

1. Entity Name

HILLSBOROUGH REGION AACA, INC.



Principal Place of Business

5612 PADDOCK TRAIL DRIVE
TAMPA FL 33621
US

Mailing Address

5612 PADDOCK TRAIL DRIVE
TAMPA FL 33624
US

20014176



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2953057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATHLEEN K. BROWN
3817 RAVENNA DR
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name MARLENE HALL

Street Address (P.O. Box Number is Not Acceptable)
714 APOLLO BEACH BLVD.

APOLLO BEACH,

City

FL

Zip Code

33572

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

Marlene Hall

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

(NOTE: Registered Agent signature required when reinstating)

2/15/2005

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 | VP | <input type="checkbox"/> Delete |
| NAME | SMITH, HOWARD | |
| STREET ADDRESS | 6619 KRYCIL AVE | |
| CITY-ST-ZIP | RIVERVIEW FL 33569 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HALL, RICHARD | |
| STREET ADDRESS | 714 APOLLO BEACH BLVD. | |
| CITY-ST-ZIP | APOLLO BEACH FL 33572 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FERNANDEZ, LINDA | |
| STREET ADDRESS | 7214 FLOWERFIELD DR | |
| CITY-ST-ZIP | TAMPA FL 33615 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | HALL, MARLENE | |
| STREET ADDRESS | 714 APOLLO BCH BLVD | |
| CITY-ST-ZIP | APOLLO BEACH FL 33572 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CARMINITI, TONY | |
| STREET ADDRESS | 6909 N. BREVARD AVE | |
| CITY-ST-ZIP | TAMPA FL 33604 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH, WILLARD | |
| STREET ADDRESS | 6302 OHIO ST | |
| CITY-ST-ZIP | GIBSONTON FL 33534 | |

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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <u>SUTER, CHARLES</u> | |
| STREET ADDRESS | <u>4209 W. NEPTUNE ST.</u> | |
| CITY-ST-ZIP | <u>TAMPA, FL 33629</u> | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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:

Marlene Hall MARLENE HALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2005 (813) 645-6985

Date

Daytime Phone #