FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30953 (6)

1. Corporation Name
TAMPA PALMS UNIT 4B OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O EDWARD R. OELSCHLAEGER 511 W. BAY ST., STE. 302 TAMPA FL 33606	C/O EDWARD R. OELSCHLAEGER 511 W. BAY ST., STE. 302 TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1989
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2939180 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 UNIVERSITY PROPERTIES	26 UNIVERSITY PROPERTIES
Suite, Apt. #, etc. 22 824 E. FLETCHER AVE.	Suite, Apt. #, etc. 27 824 E. FLETCHER AVE.
City & State 23 TAMPA, FLORIDA	City & State 28 TAMPA, FLORIDA
Zip / Country 24 33612 / 25 HILLSBOROUGH	Zip / Country 29 33612 / 30 HILLSBOROUGH

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
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
LERNER, PATRICIA , ESQUIRE 606 MADISON ST STE 2001 TAMPA FL 33606	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WHITE, BOB	1.2 NAME	ROGER MONSOUR	
STREET ADDRESS	15876 SANCTUARY DR	1.3 STREET ADDRESS	15805 SANCTUARY DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	1.4 CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	D	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	MONSOUR, ROGER	2.2 NAME	BOB WHITE	
STREET ADDRESS	15805 SANCTUARY DR	2.3 STREET ADDRESS	15876 SANCTUARY DRIVE	
CITY-ST-ZIP	TAMPA, FL 33647	2.4 CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	TD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	LOOME, EILEEN	3.2 NAME	HENRIETTA MARTIN	
STREET ADDRESS	15809 SANCTUARY DR	3.3 STREET ADDRESS	15840 SANCTUARY DRIVE	
CITY-ST-ZIP	TAMPA, FL 33647	3.4 CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	SD	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BALLARD, SHIRLEY D	4.2 NAME	BILL CONDREY	
STREET ADDRESS	15870 SANCTUARY DR	4.3 STREET ADDRESS	6007 FAIRWAY PALMS COURT	
CITY-ST-ZIP	TAMPA FL 33647	4.4 CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KEMP, DON	5.2 NAME	DONALD KEMP	
STREET ADDRESS	15834 SANCTUARY DR	5.3 STREET ADDRESS	15834 SANCTUARY DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	5.4 CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: Roger D Monsour 4/13/95 813 977 0037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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