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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30953 (6)

1. Corporation Name

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



Principal Place of Business

Mailing Address

TAMPA PALMS OWNERS ASSOC.
SUITE 207-
TAMPA FL 33647
US15310 AMBERLY DR
824 E FLETCHER AVE.
TAMPA FL 33647-2109
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 16101 Compton Drive

23 City & State

24 Zip

25 Country

26

27 Suite, Apt. #, etc.

28 City & State

29 Tampa FLORIDA

30 Zip

Country

31

32 33647

33

3. Date Incorporated or Qualified
03/01/19893a. Date of Last Report
03/15/19964. FEI Number
59-2939180Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

MEZER, STEVEN H
1212 COURT ST.
SUITE B
CLEARWATER FL 34616

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 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

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 P ☐ DELETE
NAME EDWARDS, WILLIAM
STREET ADDRESS 15841 SANCTUARY DRIVE
CITY-ST-ZIP TAMPA FL 336471.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME WHITE, ROBERT
STREET ADDRESS 15876 SANCTUARY DRIVE
CITY-ST-ZIP TAMPA FL 336472.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD ☒ DELETE
NAME HUNT, JEANNIE
STREET ADDRESS 4635 ROWAN ROAD #602
CITY-ST-ZIP NEW PORT RICHEY FL3.1 TITLE ☒ Change ☐ Addition
3.2 NAME BARBARA HATCHER
3.3 STREET ADDRESS 11313 GRANDVILLE DR
3.4 CITY-ST-ZIP TAMPA FL 33617TITLE D ☐ DELETE
NAME CONDREY, WILLIAM
STREET ADDRESS 6007 FAIRWAY PALMS COURT
CITY-ST-ZIP TAMPA FL 336474.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME KEMP, DON
STREET ADDRESS 15834 SANCTUARY DR
CITY-ST-ZIP TAMPA FL5.1 TITLE ☒ Change ☐ Addition
5.2 NAME CRUMP, WILLIAM
5.3 STREET ADDRESS 15817 SANCTUARY DRIVE
5.4 CITY-ST-ZIP TAMPA FL 33647TITLE VPD ☐ DELETE
NAME MARTIN, HENRIETTA
STREET ADDRESS 15840 SANCTUARY DRIVE
CITY-ST-ZIP TAMPA FL 336476.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049078

CR2E037 (9/96)