


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90057 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N30953					
1. Corporation Name TAMPA PALMS UNIT 4B OWNER'S ASSOCIATION, INC.					
Principal Place of Business TAMPA PALMS OWNERS ASSOC. 16101 COMPTON DRIVE TAMPA FL 33647 US			Mailing Address 16101 COMPTON DR TAMPA FL 33467 US		



2. Principal Place of Business 21 7001 Temple Terrace Hwy Suite, Apt. #, etc. 22 City & State 23 Temple Terrace, Fla. Zip Country 24 33637 25 USA		2a. Mailing Address 26 7001 Temple Terrace Hwy Suite, Apt. #, etc. 27 City & State 28 Temple Terrace, Fla. Zip Country 29 33637 30 USA		3. Date Incorporated or Qualified 03/01/1989 4. FEI Number 59-2939180 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent MEZER, STEVEN H 1212 COURT ST. SUITE B CLEARWATER FL 34616				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	VP-D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDWARD, WILLIAM			1.2 NAME			
STREET ADDRESS	15841 SANCTUARY DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33647			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	P-D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, ROBERT			2.2 NAME			
STREET ADDRESS	15876 SANCTUARY DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33647			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Bondrey, William	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CRUMP, WILLIAM			3.2 NAME	6007 FAIRWAY Palms Ct		
STREET ADDRESS	15817 SANCTUARY DR.			3.3 STREET ADDRESS	Tampa, Fl. 33647		
CITY-ST-ZIP	TAMPA FL 33647			3.4 CITY-ST-ZIP			
TITLE	MRCO	<input type="checkbox"/> DELETE		4.1 TITLE	T-D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENNE, JOHN			4.2 NAME			
STREET ADDRESS	15807 SERENITY CIR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33647			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	S-D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENRIETTA, MARTIN			5.2 NAME			
STREET ADDRESS	15840 SANCTUARY DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33647			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: **X** **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99 **980-1000**
 Date Daytime Phone #

CR2E037 (11/98)