

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90539 040 ****61.25

DOCUMENT # N30953

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



Principal Place of Business Mailing Address

**7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637
US** **7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637
US**

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 **59-2939180** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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/D	<input type="checkbox"/> Delete
NAME	EDWARD, WILLIAM	
STREET ADDRESS	15841 SANCTUARY DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	WHITE, ROBERT	
STREET ADDRESS	15876 SANCTUARY DRIVE	
CITY-ST-ZIP	TAMPA-FL-33647	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILSON, MAGGIE F	
STREET ADDRESS	15808 SANCTUARY DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HENNE, JOHN	
STREET ADDRESS	15807 SERENITY CIR.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRIETTA, MARTIN	
STREET ADDRESS	15840 SANCTUARY DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schneider, William	
STREET ADDRESS	15808 Sanctuary Drive	
CITY-ST-ZIP	Tampa, Fla. 33647	
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		

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: **Robert White** *Robert White* 1/14/03 813-977-3999

CR2E037 (10/02)