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95 MAY -1 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002795 (2)**

1. Corporation Name  
**4220 W. NO. B STREET CONDOMINIUM ASSOCIATION, IN  
C.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
32139 HENDERSON BLVD. TAMPA FL 33609		32139 HENDERSON BLVD. TAMPA FL 33609	
21. Principal Place of Business <b>4220 W. NORTH B STREET</b>		2a. Mailing Address <b>4220 W North B St - A</b>	
21. Condominium Assoc, Inc Suite, Apt. #, etc.		26. Condominium Assoc, Inc Suite, Apt. #, etc.	
22. City & State <b>TAMPA, FL</b>		27. City & State <b>TAMPA, FL</b>	
23. ZIP <b>33609</b>		28. ZIP <b>33609</b>	
24. Hillsborough		29. Hillsborough	
25. Hillsborough		30. Hillsborough	

3. Date Incorporated or Qualified <b>05/31/1994</b>	3a. Date of Last Report
4. FEI Number <b>59-2245707</b>	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>URETE, MICHAEL E 3239 HENDERSON BLVD. TAMPA FL 33609</b>		10. Name and Address of New Registered Agent	
B1 Name <b>Joyce E. Carr</b>	B2 Street Address (P.O. Box Number is Not Acceptable) <b>4220 W. North B Street - A</b>	B3 City <b>CONDOMINIUM ASSOC, INC</b>	B4 City <b>TAMPA</b>
B5 Zip Code <b>FL 33609</b>			

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: **Joyce E. Carr** (Signature is hand or printed name of registered agent and the corporation) (NOTE: Registered agent signature required when reappointing) DATE: **4/22/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>URETE, MICHAEL E</b>	1.1 TITLE <b>PRESIDENT D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3239 HENDERSON BLVD.</b>	CITY ST ZIP <b>TAMPA FL 33609</b>	1.2 NAME <b>LIZANNE STEWMAN</b>	
		1.3 STREET ADDRESS <b>4220 W North B St UNIT B</b>	
		1.4 CITY ST ZIP <b>TAMPA, FL 33609</b>	
TITLE <b>STD</b>	NAME <b>URETE, KAREN G</b>	2.1 TITLE <b>SECRETARY D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3239 HENDERSON BLVD.</b>	CITY ST ZIP <b>TAMPA FL 33609</b>	2.2 NAME <b>Joyce E. Carr</b>	
		2.3 STREET ADDRESS <b>4220 W North B St, Unit A</b>	
		2.4 CITY ST ZIP <b>TAMPA, FL 33609</b>	
TITLE <b>VD</b>	NAME <b>URETE, TARA R</b>	3.1 TITLE <b>TREASURER D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3239 HENDERSON BLVD.</b>	CITY ST ZIP <b>TAMPA FL 33609</b>	3.2 NAME <b>PAMELA JORDAN</b>	
		3.3 STREET ADDRESS <b>2926 W HAWTHORNE RD</b>	
		3.4 CITY ST ZIP <b>TAMPA, FL 33611</b>	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY ST ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY ST ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		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)(b), Florida Statutes. I further certify that the information included 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: **Joyce E. Carr** (Signature is hand or printed name of signing officer or director) DATE: **4/22/95** 813-291-0475