2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004
Secretary of State

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Entity Name: TAMPA BAY CHAPTER OF THE NATIONAL ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS, INC.

Current Principal Place of Business:

12495 SEMINOLE BLVD. 11-B
SUITE 11-B
LARGO, FL 33778

New Principal Place of Business:

12495 SEMINOLE BLVD. 2-1
SUITE 11-B
LARGO, FL 33778

Current Mailing Address:

12495 SEMINOLE BLVD. 11-B
SUITE 11-B
LARGO, FL 33778

New Mailing Address:

PO BOX 8275
SEMINOLE, FL 33775

FEI Number: 59-3415321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEIST, ANTHONY H
1661-20 ESTERO BLVD.
MYERS BEACH, FL 33932 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HARRINGTON, ANDREW
Address: 12945 SEMINOLE BLVD., SUITE 11-B
City-St-Zip: LARGO, FL 33778

Title: SD ( ) Delete
Name: RAGLAND, PATTY
Address: 336 CHANNEL DRIVE
City-St-Zip: TAMPA, FL 33606

Title: TD ( ) Delete
Name: PERKINS, CHRISTINE
Address: 2440 STATE ROAD 580-STE. 3
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HARRINGTON, ANDREW
Address: 12945 SEMINOLE BLVD., SUITE 2-1
City-St-Zip: LARGO, FL 33778

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW J. HARRINGTON PD 04/01/2004

Electronic Signature of Signing Officer or Director — Date