

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 23, 2005 8:00 am
Secretary of State

06-23-2005 90001 033 ****70.00

DOCUMENT # N95000004107

1. Entity Name

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



Principal Place of Business

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

Mailing Address

PO BOX 8275
SEMINOLE FL 33775



2. Principal Place of Business

15500 Lightwave Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite 203

City & State

Clearwater FL

City & State

Zip

33760

Country

USA

Zip

Country

4. FEI Number

59-3415321

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 PD ☐ Delete
NAME HARRINGTON, ANDREW
STREET ADDRESS 12945 SEMINOLE BLVD., SUITE 2-1
CITY-ST-ZIP LARGO FL 33778

TITLE SD ☒ Delete
NAME RAGLAND, PATTY
STREET ADDRESS 336 CHANNEL DRIVE
CITY-ST-ZIP TAMPA FL 33606

TITLE TD ☐ Delete
NAME PERKINS, CHRISTINE
STREET ADDRESS 2440 STATE ROAD 580-STE. 3
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Andrew Harrington
STREET ADDRESS 15500 Lightwave Drive, Suite 203
CITY-ST-ZIP Clearwater, FL 33760

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Andrew J. Harrington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/05

(727) 538-9050

Date

Daytime Phone #