2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State
03-08-2006 90174 039 ****61.25

DOCUMENT # **N95000004107**

1. Entity Name

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

Principal Place of Business	Mailing Address
15500 LIGHTWAVE DRIVE SUITE 203 CLEARWATER FL 33760	PO BOX 8275 SEMINOLE FL 33775

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
5922 9th Ave North	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Pete, FL	City & State
Zip: 33710 / Country	Zip / Country

4. FEI Number: 59-3415321 ☐ Applied For ☐ Not Applicable

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

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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	PD	☑ Change ☐ Addition
NAME	HARRINGTON, ANDREW		NAME	Harrington, Andrew	
STREET ADDRESS	15500 LIGHTWAVE DRIVE, SUITE 203		STREET ADDRESS	5922 9th Ave North	
CITY-ST-ZIP	CLEARWATER FL 33760		CITY-ST-ZIP	St. Pete, FL 33710	
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PERKINS, CHRISTINE		NAME		
STREET ADDRESS	2440 STATE ROAD 580-STE. 3		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33761		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: [signature] 2/2/06 727-541-2578