

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90121 044 ****61.25

DOCUMENT # N95000004107

1. Entity Name

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



Principal Place of Business

**1050 EAST LAKE WOODLANDS PKWY
OLDSMAR FL 34677**

Mailing Address

**1050 EAST LAKE WOODLANDS PK
OLDSMAR FL 34677**

2. Principal Place of Business

12945 Seminole Blvd. 11-B

Suite, Apt. #, etc.

Suite 11-B

City & State

Largo FL 33778

Zip

33778

Country

United States

3. Mailing Address

12945 Seminole Blvd. 11-B

Suite, Apt. #, etc.

Suite 11-B

City & State

Largo, FL 33778

Zip

33778

Country

United States

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

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 **MORGAN, ELIZABETH**
STREET ADDRESS **1050 EAST LAKE WOODLANDS PKWY**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **SD** ☒ Delete
NAME **SEWELL, KAREN**
STREET ADDRESS **782 EAST LAKE ROAD**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **TD** ☒ Delete
NAME **BRICKER, JANE**
STREET ADDRESS **1050 EAST LAKE WOODLANDS PKWY**
CITY-ST-ZIP **OLDSMAR FL 34677**

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 **President** ☐ Change ☒ Addition
NAME **HARRINGTON, ANDREW**
STREET ADDRESS **12945 Seminole Blvd., Ste. 11-B**
CITY-ST-ZIP **Largo, FL 33778**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Patty Ragland**
STREET ADDRESS **336 Channel Drive**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **PERKINS, CHRISTINE**
STREET ADDRESS **2440 State Road 580 - Ste. 3**
CITY-ST-ZIP **Clearwater, FL 33761**

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Harrington, President 1/9/2003

CR2E037 (10/02)

727-397-4889