FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ÁNNUAL REPORT

1997



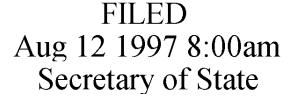
FLORIDA DEPARTMENT OF STATE

Sandi B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N96000003261

NORTH BOULEVARD HOMES RESIDENT COUNCIL, INC.





Principal Plac	e of Business	Mailing	Mailing Address				L CARNESS DIN 18110 MILLS SPEIN WOILL WATER MEINE AFIND STITE 15949 DIRECT 1601			
1514 UNION ST TAMPA FL	REET		1514 UNION STREET TAMPA FL 33807-4426							
							3. Date Incorporated or Qualified 06/17/1996	3a. D	ate of Last F	Report
2. Principal P	lace of Business	2a. Maili	2a. Mailing Address			4. FEI Number	-	T TA	pplied For	
21		26							N	ot Applicable
Suite, Apt	#, etć.	—	, Apt. #, etc.				5. Certificate of Status Desired	П	\$8.75	Additional
22		27					O. Commode of blades besided	<u> </u>	Fee R	equired
City & Stat	е	·	City & State			6. Election Campaign Financing	_	\$5.00	May Be	
23			28			Trust Fund Contribution		Added	to Fees	
Zip			Zip Cou				8. This corporation has liability for			. 199.032,
24	9. Name and Address of 0	29	Anant	30	ı			Yes [_	
	y, Name and Address of C	Durrent negistered	Agent		81	Name	10. Name and Address of New Re	gistered	Agent	
-					°'	Mairie				
	E, RICARDO L					Street Address (P.O. Box Number is Not Acceptable)				
	RNETT PLAZA SUITE 3200				83					
	T KENNEDY BLVD				83					
TAMPA I	FL \$36 01				84	City			85 Zip	Code
44 5	4- 4				Ш			FL		
office or r agent. I a	egistered agent, or both, in the militar with, and accept the	e State of Florida. Su obligations of, Sect	oo, Florida Statu ch change was lion 617.0503, Fl	tes, the ai authorize lorida Stat	bove d by lutes.	named co the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose o	t changing i pointment as	ts registered registered
SIGNATURE .	Signature, typed or printed name of regist	ered agent and tale if applic	able. (NO	TE: Registere	d Apen	t signature regi	uired when reinstaling)	DATE		
12.	OFFICE	RS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	PD		☐ DELETE	1.1 1	TLE				☐ Change	Addition
NAME	PATE, PRISCILLA			1.2 N	AME					
STREET ADDRESS	1512 WEST CHESTNUT	STREET		1.3 \$1	IREET A	DDRESS				
CITY-ST-ZIP	TAMPA FL 33607			1.4 CI	TY-ST	- ZIP				
TITLE	VD		☐ DELETE	2.1 Tr	TLE				Change	Addition
NAME	rankin, cassandra			2.2 NA	AME					
STREET ADDRESS	1109 WEST CHESINUT	STREET		2.3 ST	REE1 A	DORESS				
CITY-ST-ZIP	TAMPA FL 33607			2.4 C	ITY-SI	- ZIP				
TITLE	SD		DELETE	3.1 7(1	TLE				☐ Change	Addition
NAME	gay, Priscilla			3.2 NA	AME					
STREET ADDRESS	1145 WEST GREEN STA	REET		3.3 \$1	REET A	DDRESS				
CITY-ST-ZIP	TAMPA FL 33607	<u>.</u> .		3.4. C	ITY- \$1	- ZiP				
TITLE			☐ DELETE	4.1 TI					Change	Addition
NAMÉ				4. 2 N	AME	ľ				
STREET ADDRESS	1			4.3 ST	REET A	DDRESS				
CITY-\$T-ZIP					TY-ST	- ZIP				
TITLE			☐ DELETE	5.1 TIT					☐ Change	Addition
NAME				5.2 NA	AME					
STREET ADDRESS	1					DDRESS				
CITY-ST-ZIP			T be exp		1Y-\$1	-ZIP			-	
TITLE			DELETE	6.1 TO					☐ Change	Addition
NAME				6.2 NA				1000		
STREET ADDRESS						DDRESS				
CITY-ST-ZIP				6.4 CI	TY-ST	· ZIP				

14. I do 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 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.