## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON ON BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600005481 (4)

CENTURY 21 TAMPA BAY COUNCIL, INC.

\_\_\_\_\_

Mailing Address

FILED Jul 30 1997 8:00am Secretary of State



Principal Place	or Business	Mailing Address						
1901 TYRONE BI	LYD NORTH	1901 TYRONE BLVD NORTH						
ST PETERSBURG FL 33710		ST PETERSBURG FL 33710			DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	3a. Date of Last	Report		
					10/24/1996	<b>52.</b>		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	1 1	Applied For		
21		26			59-3410174	<del>  -  </del> -	Vot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			·	<u> </u>	Additional	
22		27			5. Certificate of Status Desired	Fee i	Required	
City & State		City & State			6. Election Campaign Financing	\$5.0	O May Be	
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country		ry	8. This corporation owes or has pa		_ ' '	
24	26	29	30	<del> </del>	Personal Property Tax due June		X No	
	9. Name and Address of Curren	t Registered Agent		<u>a</u>	10. Name and Address of New Re	gistered Agent		
			0	1 Name	J. NELSON RHODES			
	ANDALL K				dress (P.O. Box Number is Not Acceptable)			
	RONE BLVD NORTH		83 19		901 Tyrone Blvd.			
ST PETERSBURG FL 33710				3	1,01 1,10 21			
			8	4 City	a	85 Zu	3710	
					St. Petersburg,			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.								
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes								
SIGNATURE _	J. NELSON RHODES		YY	real	u-	7/19/97		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent  12. OFFICERS AND DIRECTORS  13.					required when reinstating)  ADDITIONS/CHANGES TO OFFICE		200 IN 12	
12.	PD	DELETE	1.1 TITLE		PD	Change		
NAME	IERNA, RANDALL K	J.3 022215	1.2 NAM		JEFF SHAW			
STREET ADDRESS	150 IC PINELLAS BAYWAY			ET ADDRESS	1725 Highway 60 Eas	o f		
CITY-ST-ZIP	TIERRA VERDE FL 33715				Valrico, FL 33594	36		
TITLE	VD	DELETE	2.1 TITLE		VD VD	☐ Change	Addition	
NAME	BEGGINS, CRAIG	<b>—</b> · · · · ·	2.2 NAM		PATTY MEEK	_ ·	<b>7</b>	
STREET ADDRESS	6488 USHWY 41 N			ET ADDRESS	1211 Court Street			
CITY-ST-ZIP	APOLLO BEACH FL 33572			- ST - ZIP	Clearwater FL 3461	4		
TITLE	VO	DELETE	3.1 TITLE		VD	☐ Change	Addition	
NAME	MILANO, JOANN	• •	3.2 NAM	E			^	
STREET ADDRESS	US HWY 19		3.3 STAE	et address	JIM WHITE Jr. 10645 Gulf Blvd.			
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>			'-ST-ZIP	Treasure Island, Fl	22704		
TITLE	SD	DELETE	4.1 TITLE		<del></del>	33706 Change	Addition	
NAME	PERRA, JOAN		4. 2 NAN	1E				
STREET ADDRESS	900 N BELCHER ROAD		4.3 STRE	ET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY	-ST-ZIP				
TITLE	T	DELETE	5.1 TITLE			☐ Change	Addition	
NAME	RHODES, NELSON		5.2 NAM	E				
STREET ADDRESS	1901 TYRONE BLVD NORTH		5.3 STRE	ET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL 33710		5.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME	rhodes, Helen		6.2 NAM	E				
STREET ADDRESS	1901 TYRONE BLVD NORTH		6.3 STRE	ET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL 33710			- ST- ZIP				
	u serify that the information aunolise	tuith this filing doos not aug			totad in Section 110 07(3)(i) Florida Statuta	o I further cortifu the	nt the	

I do nereby 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.