

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005481

1. Entity Name
CENTURY 21 TAMPA BAY COUNCIL, INC.



Principal Place of Business
7779 STARKEY RD
SEMINOLE, FL 33777

Mailing Address
7779 STARKEY RD
SEMINOLE, FL 33777



02232005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3410174

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RHODES, J NELSON
7779 STARKEY RD
SEMINOLE, FL 33777

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREECE, REYNOLDS
STREET ADDRESS	1913 W BRADIN BLVD
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	SD
NAME	LILLIAN, LOBELLO
STREET ADDRESS	1517 OAKFLEID DRIVE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	T
NAME	RHODES, NELSON
STREET ADDRESS	7779 STARKEY RD
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	T
NAME	TIBBY, JAMES
STREET ADDRESS	5050 GULFFIELD DRIVE
CITY-ST-ZIP	ST PETERSBURG, FL 332706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/26/05-80027-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

J. N. Rhodes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/05 727-398-7771