

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90051 048 ****61.25

DOCUMENT # N96000006101

1. Corporation Name

TOP OF THE BAY WOMEN'S CLUB, INC.

Principal Place of Business

12520 BRONCO DRIVE
TAMPA FL 33626

Mailing Address

P.O. BOX 673
OLDSMAR FL 34677
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/02/1996

4. FEI Number

59-3382102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CASE, JAN
12310 TWIN BRANCH ACRES ROAD
TAMPA FL 33626

10. Name and Address of New Registered Agent

81 Name

Sheridan L. Hoyer

82 Street Address (P.O. Box Number is Not Acceptable)

12401 Twin Branch Acres Rd.

83

84 City

Tampa

FL

85 Zip Code

33626

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.

SIGNATURE

Sheridan L. Hoyer
Signature, typed or printed name of registered agent and title if applicable.

Sheridan L. Hoyer
(NOTE: Registered Agent signature required when reinstating)

3/26/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME CASE, JAN
STREET ADDRESS 12310 TWIN BRANCH ACRES RD
CITY-ST-ZIP TAMPA FL 33626

TITLE VPD ☒ DELETE
NAME WHITE, NINA
STREET ADDRESS 10802 BUCKSKIN PLACE
CITY-ST-ZIP TAMPA FL 33626

TITLE SD ☒ DELETE
NAME LEHMAN-RUSSO, KARYN
STREET ADDRESS 1518 PICARDY CIRCLE
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD ☒ Change ☐ Addition
Nina White
10802 Buckskin Place
Tampa, Florida 33626

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VPD ☒ Change ☐ Addition
Karyn Lehman-Russo
1518 Picardy Circle
Clearwater, FL 33755

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SD ☒ Change ☐ Addition
Sheridan L. Hoyer
12401 Twin Branch Acres Rd.
Tampa, FL 33626

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: *Sheridan L. Hoyer* **SIGNATURE REQUIRED** Sheridan L. Hoyer 3/26/99 813-855-0038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0071908

CR2EN07-1110R