

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000805 (8)**

1. Corporation Name

TAMPA BAY ASSOCIATION OF CODE ENFORCEMENT, INC.



Principal Place of Business CITIZEN BOARDS SUPPORT OF HILLSBOROUGH CTY 725 E. KENNEDY BLVD., SUITE 302 TAMPA FL 33602	Mailing Address CITIZEN BOARDS SUPPORT OF HILLSBOROUGH CTY 725 E. KENNEDY BLVD., SUITE 302 TAMPA FL 33602
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3. Date Incorporated or Qualified 02/10/1997	
4. FEI Number 59-3431961	Applied For ☐ Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent MATCHES, KAREN M CITIZEN BOARDS SUPPORT OF HILLSBOROUGH CTY 725 E. KENNEDY BLVD., SUITE 302 TAMPA FL 33602
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10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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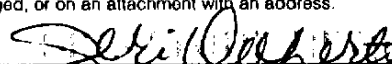
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	President - D ☐ DELETE
NAME	Karen M. Matches
STREET ADDRESS	725 E. Kennedy Boulevard, Ste 302
CITY-ST-ZIP	Tampa, FL 33602
TITLE	Vice-President - D ☐ DELETE
NAME	Joe Gross
STREET ADDRESS	11250 N. 56th Street
CITY-ST-ZIP	Temple Terrace, FL 33617
TITLE	Secretary - D ☐ DELETE
NAME	Helenenor A. Baker
STREET ADDRESS	725 E. Kennedy Boulevard, Ste 302
CITY-ST-ZIP	Tampa, Florida 33602
TITLE	Treasurer - D ☐ DELETE
NAME	Geri Doherty
STREET ADDRESS	100 S. Myrtle Avenue
CITY-ST-ZIP	Clearwater, FL 33756
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:  **Geri Doherty** 02-02-98 813-562-4727

CR2E037 (10/97)