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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N97000000805

1. Corporation Name

TAMPA BAY ASSOCIATION OF CODE ENFORCEMENT, INC.

Principal Place of Business	Mailing Address
CITIZEN BOARDS SUPPORT OF HILLSBOROUGH CTY 725 E. KENNEDY BLVD., SUITE 302 TAMPA FL 33602	CITIZEN BOARDS SUPPORT OF HILLSBOROUGH CTY 725 E. KENNEDY BLVD., SUITE 302 TAMPA FL 33602

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 02/10/1997

4. FEI Number: 59-3431961 ☐ 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

MATCHES, KAREN M
CITIZEN BOARDS SUPPORT OF HILLSBOROUGH CTY
725 E. KENNEDY BLVD., SUITE 302
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: Gross, Joe
82 Street Address (P.O. Box Number is Not Acceptable): 11250 N. 56th Street
83
84 City: Temple Terrace **FL** 85 Zip Code: 33617

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: [signature] DATE: 3/31/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President - D	☒ Change ☐ Addition
NAME	MATCHES, KAREN M		1.2 NAME	Joe Gross	
STREET ADDRESS	725 E KENNEDY BLVD, STE 302		1.3 STREET ADDRESS	11250 N. 56th Street	
CITY-ST-ZIP	TAMPA FL 33602		1.4 CITY-ST-ZIP	~~Temple Terrace, FL 33617~~	
TITLE	VPD	☐ DELETE	2.1 TITLE	Vice-President - D	☐ Change ☒ Addition
NAME	GROSS, JOE		2.2 NAME	Joe Fenton	
STREET ADDRESS	11250 N 56TH ST		2.3 STREET ADDRESS	112 Manatee Avenue W.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		2.4 CITY-ST-ZIP	Bradenton, FL 34206-1000	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, HELENENOR A		3.2 NAME		
STREET ADDRESS	725 E KENNEDY BLVD, STE 302		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOHERTY, GERI		4.2 NAME		
STREET ADDRESS	100 S MYRTLE AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33756		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: ~~SIGNATURE REQUIRED~~ 01-07-99 727-562-4727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Geri Doherty