


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001333 (0)**

1. Corporation Name

**TAMPA BAY DOMINICA ASSOCIATION INC.**



Principal Place of Business <b>10902 N 28TH ST TAMPA FL 33612</b>	Mailing Address <b>10902 N 28TH ST TAMPA FL 33612</b>
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3. Date Incorporated or Qualified <b>03/11/1997</b>
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4. FEI Number <b>59-3035533</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALEXANDER, ESTHER  
10902 N 28TH ST  
TAMPA FL 33612**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input checked="" type="checkbox"/> DELETE	<b>Treasurer</b>	<b>HERMAN W. ASKE</b>	<b>7303 ABERNETHY BLVD, TAMPA, FL 33628</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE	<b>Secretary</b>	<b>Esther Alexander</b>	<b>10902 N. 28 Street Tampa, FL 33612</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>President</b>	<b>ADELBERT B. JAMES</b>	<b>14618 Daybreak Dr Lutz, FL 33549</b>
<input checked="" type="checkbox"/> DELETE	<b>President</b>	<b>Osmond Baron</b>	<b>13142 22nd St N Tampa FL 33612</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Vice President</b>	<b>VYLOVE BOUTERRE</b>	<b>8550 J.R. Munro DR Tampa FL 33634</b>
<input type="checkbox"/> DELETE	<b>Vice President</b>	<b>Adelbert James</b>	<b>14618 Daybreak Dr Lutz FL 33549</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

**9000002553409**

**06/09/98-01094-039**

**\*\*\*61.25**

CR2E037 (10/97)

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.