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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000066143

1, Corporation Name

AFFORDABLE PROPERTIES OF TAMPA BAY, INC.

| ŀ | Principal Place of Business | Mailing Address | |
|---|--|--|--|
| | 337 BRANDYWINE DR. VALRICO FL 33594 | 337 BRANDYWINE DR. VALRICO FL 33594 | |
| - | 2. Principal Place of Business | 2a. Mailing Address | |

Apr 14, 1999 8:00 am Secretary of State

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| Principal Place | of Rusiness | Me | niling Address | | | | 1 | L 18851861 III 18311 46811 8811 06119 88111 68 | IN BUILD WILES I | IN 61688 1 | 1)() I UU I |
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| 337 BRANDYWINE DR. | | | | | | | | | | | |
| THEIROO I E GO. | | | | | | | L | DO NOT WRITE IN TH | IS SPACE | | |
| | | | | | | | | Date Incorporated or Qualifed | | | |
| | المنا المناجات | | | | | | | 07/28/1997 | | | |
| 2. Principal Pl | ace of Business | 2a. | Mailing Address | | | | 4. | FEI Number | | Applied I | |
| 21 | | 26 | | | | | ↓ | 59-3459168 | | Not Appl | |
| Suite, Apt. i | #, etc. | \Box | Suite, Apt. #, etc. | | | | 5. | Certifcate of Status Desired ' | • | 5 Addition Requires | |
| 22 | | 27 | | | | | μ | . | - | | |
| City & State | 9 | <u> </u> | City & State | | | | 6. | Election Campaign Financing | |)0 May i | |
| 23 | | 28 | 7:- | Country | | | ╀ | Trust Fund Contribution | | o to ree | |
| Zip | Country | \vdash | Zip | Country | | | 8. | This corporation owes the current year | intangible ☐ Yes | □No | , |
| 24 | 25 | 29 | 3 | 0 | | | | Personal Property Tax. Name and Address of New Registers | | | |
| | 9. Name and Address of Currer | n Kegis | terea Agent | 81 | Name | | 10. | name and Address of New Registers | - rigoin | | |
| SAVI | NO, DENISE | | | [" | _ | | | | | | |
| 1 | ' N. HIMES AVE. | | | 82 | Stree | t Addre | ess (P | O. Box Number is Not Acceptable) | | | 1 |
| | PA FL 33607 | | | 83 | ļ | | | | | | |
| 1744 | 1 A 1 E 00001 | | | 63 | | | | | | | |
| | | | | 84 | City | | | F | 85 Z | ip Code | |
| | | | | | <u></u> | | | | | ite regie | tered |
| 1 office or m | opiotored agent or both in the State | of Florid | ia. Such change was aufi | horized by | the cor | o corpo poratior | n's bo | n submits this statement for the purpose pard of directors. I hereby accept the app | pointment as | register | ed |
| agent. I as | m familiar with, and accept the obliga | ations of, | Section 607.0505, Florid | a Statutes | | | | | | | |
| SIGNATURE | | | | | | | | einstating) DATE | | | <u> </u> |
| | Signature, typed or printed name of registered age | | ·· | egistered Ager | nt signatun | beriupen e | | ADDITIONS/CHANGES TO OFFICERS | AND DIREC | TORSII | N 12 |
| 12. | OFFICERS AN | ND DIKE | DELETE | 13. | | | | ADDITIONS/CHANGES TO OTT TOERS | ☐ Chan | | Addition |
| TITLE | | | C. petere | 1.2 NAME | | | | | _ | . – | . |
| NAME | CUNNINGHAM, BRANDON | | | 1 | T 400000 | _ | | | - | | j |
| STREET ADDRESS | 337 BRANDYWINE DR. | | | 1.3 STREE | | °] | | | | | |
| CITY-ST-ZIP | VALRICO FL 33594 | | □ DELETE | 1.4 CITY-S 2.1 TITLE | 1-ZIP | 1- | | | Chan | ge 🗍 | Addition |
| mre | DV : | | □ pctt.r | 2.7 TILE | | | | | | | i l |
| NAME | CUNNINGHAM, LYNETTE | | - | | | | | | | | |
| STREET ADDRESS | 337 BRANDYWINE DR. | | | 2.3 STREE | | ⁵ | | | | | - 1 |
| CITY-ST-ZIP | VALRICO FL 33594 | | ☐ DELETE | 2.4 CITY-5 | si-ZIP_ | | | | ☐ Chan | ge 🗆 | Addition |
| TITLE | | | ₩ NETE (E | 3.1 TITLE | | 1 | | | | | |
| NAME | | | | 3,2 NAME | ne | . | | | | | |
| STREET ADDRESS | l. , | | | 3.3 STREE | | 8 | | | | | |
| CITY-ST-ZIP | <u> </u> | | □ net ete | 3.4. CITY-5 | ST-ZIP | | | <u> </u> | ☐ Chan | ge 🗆 |] Addition |
| mre | | | ☐ DELETE | 4.1 TITLE | | | | | | 5~ (| , |
| NAME | [| | | 4. 2 NAME | | | | | | | - |
| STREET ADDRESS | | | | 4,3 STREE | | S | | | | | j |
| CITY-ST-ZIP | | | | 4.4 CITY-S | T-ZIP_ | +- | | | Chan | | Addition |
| TITLE | | | DELETE | 5.1 TITLE | | | | | | 8~ \i | j. manuori |
| NAME | | | • | 5.2 NAME | T 400000 | | | | | | l |
| STREET ADDRESS | | | | 5.3 STREE | | ۱ ا | | | | | |
| CFTY-ST-ZIP | | | | 5.4 CITY-S | I-ZIP | | | | ☐ Chan | | Addition |
| TILE | , | | ☐ DELETE | 6.1 TITLE | | | | | □ cuan | y∀ Lj | , Addition (|
| NAME | | | | 6.2 NAME | | _[| | | | | |
| STREET ADDRESS | , | | | 6.3 STREE | | S | | | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-S | T-ZIP | Į. | | | | | |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP