

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004107

**Entity Name:** TAMPA BAY CHAPTER OF THE NATIONAL ASSOCIATION OF  
RESIDENTIAL PROPERTY MANAGERS, INC.

**FILED**  
**Feb 11, 2018**  
**Secretary of State**  
**CC3944116377**

**Current Principal Place of Business:**

3900 W. DALE AVENUE  
TAMPA, FL 33609-4405

**Current Mailing Address:**

3900 W. DALE AVENUE  
TAMPA, FL 33609-4405 US

**FEI Number: 59-3415321**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HEIST, HARRY  
17264 SAN CARLOS BLVD STE 308  
FORT MYERS BEACH, FL 33931 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                         |                 |                     |
|-----------------|-------------------------|-----------------|---------------------|
| Title           | PRESIDENT               | Title           | TREASURER           |
| Name            | DEAN, JUSTIN            | Name            | DOUGILL, ANDREW M   |
| Address         | 2852 20TH AVE N.        | Address         | 3900 W. DALE AVENUE |
| City-State-Zip: | ST. PETERSBURG FL 33713 | City-State-Zip: | TAMPA FL 33609-4405 |
|                 |                         |                 |                     |
| Title           | SECRETARY               |                 |                     |
| Name            | HENDRIX, LORI           |                 |                     |
| Address         | 1022 LAND O LAKES BLVD  |                 |                     |
| City-State-Zip: | LUTZ FL 33549           |                 |                     |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: ANDREW M DOUGILL

TRESURER

02/11/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date