

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715032

FILED
May 12, 2009
Secretary of State

Entity Name: TAMPA PRESBYTERIAN VILLAGE, INC.

Current Principal Place of Business:

721 GREEN ST
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1050 BURLINGTON AVE N
ST PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-1537268 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KONDOR, DEJE
1050 BURLINGTON AVE N
ST PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S/D () Delete
Name: DAVIES, IDRIS
Address: 2084 MASSACHUSETTS AVE NE
City-St-Zip: ST. PETERSBURG, FL

Title: VPD () Delete
Name: PIEPER, NATHANIEL
Address: 823 S ROXMERE RD
City-St-Zip: TAMPA, FL 33609

Title: AT/D () Delete
Name: REID, DENNIS
Address: 7045 N TAMiami TR
City-St-Zip: SARASOTA, FL 34243

Title: PD () Delete
Name: WYKE, EDWARD D
Address: 219 32ND STREET W
City-St-Zip: BRADENTON, FL 34205

Title: V/D () Delete
Name: ALBERTS, HENK
Address: 10911 CARROLLWOOD DR
City-St-Zip: TAMPA, FL

Title: TD () Delete
Name: BROWN, HARRIS
Address: 9291 MERRIMOOR RD
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: PIEPER, NATHANIEL
Address: 823 S ROXMERE RD
City-St-Zip: TAMPA, FL 33609

Title: VD (X) Change () Addition
Name: RUUD, CLIFF
Address: 12014 TIMBERHILL DR
City-St-Zip: RIVERVIEW, FL 33569

Title: ATD (X) Change () Addition
Name: WYKE, EDWARD D
Address: 219 32ND STREET W
City-St-Zip: BRADENTON, FL 34205

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: IDRIS DAVIES

SD

05/12/2009

Electronic Signature of Signing Officer or Director

Date