

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719827 (8)

1. Corporation Name

TYRONE VILLAS, INC., NO. 6, A CONDOMINIUM

Principal Place of Business

Mailing Address

7839-38TH PLACE NO.
ST PETERSBURG FL 33709

7839-38TH PLACE NO.
ST PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/09/1970** 3a. Date of Last Report **04/28/1994**
4. FEI Number **59-1962238** Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

25 Suits, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEDATE, IRENE
7848 39TH TERRACE NO.
ST. PETERSBURG FL 33709**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S**
NAME **STRAIN, BEVERLY**
STREET ADDRESS **7730 39TH PLACE NO**
CITY - ST - ZIP **ST PETERSBURG, FL 00000**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **PD**
NAME **BENWARE, EUGENE**
STREET ADDRESS **7786 39TH TERRACE NO.**
CITY - ST - ZIP **ST PETERSBURG, FL 00000**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **SD**
NAME **RIGGS, AGNES**
STREET ADDRESS **7759 39TH PLACE NORTH**
CITY - ST - ZIP **ST PETERSBURG, FL 00000**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D**
NAME **MANBECK, VIOLET**
STREET ADDRESS **7710 39TH PLACE NO**
CITY - ST - ZIP **ST PETERSBURG, FL 00000**

4.1 TITLE Change Addition
4.2 NAME **VD Redell, Agnes**
4.3 STREET ADDRESS **7716 39th Place N.**
4.4 CITY - ST - ZIP **St Petersburg, FL**

TITLE **D**
NAME **TERRA, ALICE**
STREET ADDRESS **7787 39TH TERR NO**
CITY - ST - ZIP **ST PETERSBURG, FL 00000**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **T**
NAME **SEDATE, IRENE**
STREET ADDRESS **7848 39TH TERRACE NO.**
CITY - ST - ZIP **ST PETERSBURG FL**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Irene Sedate Irene Sedate*

4-24-95

813-381-2074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #