

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90053 001 ***183.75

DOCUMENT # 719827

1. Entity Name

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



Principal Place of Business

7839-38TH PLACE NO.
ST PETERSBURG FL 33709

Mailing Address

7839-38TH PLACE NO.
ST PETERSBURG FL 33709

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1962238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

POWER, VINCENT L.
7839 38TH PL NO
ST. PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STRAIN, BEVERLY	
STREET ADDRESS	7730 39TH PL.	
CITY, ST, ZIP	SAINT PETERSBURG FL 33709	
TITLE	P	<input type="checkbox"/> Delete
NAME	BENWARE, EUGENE	
STREET ADDRESS	7786 39TH TERRACE NO.	
CITY, ST, ZIP	SAINT PETERSBURG FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WALKER, NELSON	
STREET ADDRESS	7714 39TH TERR NORTH	
CITY, ST, ZIP	SAINT PETERSBURG FL 33709	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCAULLEY, KAREN	
STREET ADDRESS	7742 39TH TERRACE NORTH	
CITY, ST, ZIP	SAINT PETERSBURG FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERRA, ALICE	
STREET ADDRESS	7787 39TH TERR NO	
CITY, ST, ZIP	ST PETERSBURG, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	POWER, VINCENT	
STREET ADDRESS	7807 38TH PL NO	
CITY, ST, ZIP	ST PETERSBURG FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	VP-D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLY STRAIN	
STREET ADDRESS	7730 39th PL. N.	
CITY, ST, ZIP	St. Petersburg, FL 33709	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vincent L. Power
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07

781-381-2074

Date

Daytime Phone #