

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90044 001 \*\*\*122.50



**DOCUMENT # 719827**  
1. Entity 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**



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1962238** Applied For Not Applicable

Zip Country Zip Country

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

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 reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MATSON WALKER</b> <b>7714 39TH TERRACE N.</b> <b>ST. PETERSBURG, FL 33709</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BENWARE EUGENE</b> <b>7786 39TH TERRACE N.</b> <b>ST. PETERSBURG, FL 33709</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JORDAN MASA</b> <b>7716 39TH PLACE N.</b> <b>ST. PETERSBURG, FL 33709</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MC CAULLEY KAREN</b> <b>7742 39TH TERRACE N.</b> <b>ST. PETERSBURG, FL 33709</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *V Power* **Vincent L. Power** **3-3-08** **787-381-2074**