

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719827

FILED
Jan 20, 2010
Secretary of State

Entity Name: TYRONE VILLAS, INC., NO. 6, A CONDOMINIUM

Current Principal Place of Business:

7839-38TH PLACE NO.
ST PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

7839-38TH PLACE NO.
ST PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 59-1962238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWER, VINCENT L.
7839 38TH PL NO
ST. PETERSBURG, FL 33709 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: D
Name: SCARFE, WILLIAM
Address: 7788 39TH PLACE N
City-St-Zip: SAINT PETERSBURG, FL 33709 US

Title: P
Name: BENWARE, EUGENE
Address: 7786 39TH TERRACE NO.
City-St-Zip: SAINT PETERSBURG, FL 33709 US

Title: S
Name: STRAIN, BEVERLY
Address: 7730 39TH PLACE N
City-St-Zip: SAINT PETERSBURG, FL 33709 US

Title: VP
Name: WALKER, NELSON
Address: 7714 39TH TERRACE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33709 US

Title: D
Name: CAPIELLO, ROSE
Address: 7729 39TH TERR NO
City-St-Zip: ST PETERSBURG,, FL 33709 US

Title: T
Name: POWER, VINCENT
Address: 7807 38TH PL NO
City-St-Zip: ST PETERSBURG, FL 33709 US

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: VINCENT L POWER

MGR

01/20/2010

Electronic Signature of Signing Officer or Director

Date