

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90071 001 ***367.50



JUN 03 2004



CHECK HERE IF MAKING CHANGES

DOCUMENT # 719827
1. Entity Name
TYRONE VILLAS, INC., NO. 6, A CONDOMINIUM

Principal Place of Business Mailing Address
7839-38TH PLACE NO. **7839-38TH PLACE NO.**
ST PETERSBURG FL 33709 **ST PETERSBURG FL 33709**

2. Principal Place of Business 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**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25

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	WARREN, HAZEL	
STREET ADDRESS	7757 39TH TERRACE, N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BENWARE, EUGENE	
STREET ADDRESS	7786 39TH TERRACE NO.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	V	<input 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	ROSEMARY, BALLARD	
STREET ADDRESS	7788 39TH PL N	
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		<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 exemption stated in Section 119.07(3)(i), 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: Signature of Vincent Power Date: 2-5-03 Davime Phone #: 727-381-2074

CR2E037 (10/02)