## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(9)

TAMPA VILLAS SOUTH, INC.

## **FILED** May 14 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address					
BOX 19463 61R TAMPA FL 33681		BOX 13463 61R TAMPA FL 33681		3. Date Incorporated or Qualified 05/11/1971			
					4. FEI Number 59-1489614	Applied For Not Applicable	
	lace of Business	2a. Mailing Address	2a. Mailing Address			\$8.75 Additional	۲
21	<u> </u>	26				Fee Required	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suile, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
City & State		City & State	. [ ]		7. Is this nonprofit corporation a ho		$\dashv$
23		28	28		☐ Yes ☐ No		
Zip	Country	Zip Cour		ry	8. This corporation owes or has paid the current year Intangible		
24	25   9. Name and Address of Curr		30		Personal Property Tax due June		_
	9. Name and Address of Cur	ent Hegistered Agent	8	1 Nome	10. Name and Address of New Re	gistered Agent	
145.00	PRI MINIMEN P		°	1 Name			
LABARBERA, MICHAEL D 1907 W KENNEDY BLVD				2 Street A	Address (P.O. Box Number is Not Acceptate	ole)	_
TAMPA FL 33606			6	<del></del>			$\dashv$
"*""	- C 40000		<u> </u>				_
			8	4 City		FL 85 Zip Code	ı
11. Pursuant office or r	to the provisions of Sections 617.0 egistered agent, or both, in the Star familiar with, and accept the ob-	502 and 617.1508, Florida Statutes ate of Florida. Such change was autigations of Section 617.0503. Flor	s, the about thorized to	ve-named or the corp	corporation submits this statement for the poration's board of directors. I hereby accept	ourpose of changing its registered pt the appointment as registered	7
SIGNATURE	)	igations of coolien etripage, from	ou otalor	03,			
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered A	gent signature i	required when reinstating)	DATE	١,
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	b.	L DELETE	1.1 TITLE	ľ		Change Addition	u   £
NAME	GÓITIA, JOSE		1.2 NAME				[
STREET ADDRESS	4307 LA VERA CT			et address			]
CITY-ST-ZIP TITLE	TAMPA FL VP DELETE		1.4 CITY-ST-ZIP			Character C 4 diffusion	_ }
NAME	<b>\$0</b> Losky, ethan	C Deceie	2.1 TITLE			L Change L. Addition	۱۱
STREET ADDRESS	4223 LA SORRENTO COUR	π	2.2 NAME				-
CITY-ST-ZIP	TAMPA, FL 00000	•		ET ADDRESS			
TITLE	D	☐ DELETE	2.4 CITY 3.1 TITLE			Change Addition	↲
NAME	CARBONARO, DORIS A		3.2 NAME				
STREET ADDRESS	4503 LA VILLA LANE		3.3 STREE	ET ADDRESS			
CITY-ST-ZIP	TAMPA FL		3.4. CITY				
TITLE	10	☐ DELETE	4.1 TITLE	j		Change Addition	่ ปี
NAME	Rusnak, Barbara		4. 2 NAM	E			
STREET ADDRESS	4508 LA CAPRI CT		4.3 STREE	ET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 00000		4.4 CiTY-	ST-ZIP			╛
TITLE	80	DELETE	5.1 TITLE		SD	Change Addition	١
NAME	BUTLER, BERNADINE		5.2 NAME		Mary Anne Fitzpatrick		
STREET ADDRESS	1504 LA CAPRI COURT		5.3 STREE	T ADDRESS	4515 La Villa Lane		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-		Tampa, Fl. 33611		$\bot$
TITLE	D DOTE MADY	DELETE	6.1 TITLE			☐ Change ☐ Addition	۱ [
NAME	BOZE, MARY		6.2 NAME				
STREET ADDRESS	4317 LA RIVERIA COURT			ET ADDRESS			
CITY-ST-ZIP	Tampa fl		6.4 CITY -	ST-ZIP			- [

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.