

FILE NOW: FILING FEE IS \$61.25

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Pg 1 of 2

0051943

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris, Secretary of State DIVISION OF CORPORATIONS

99 SEP 16 AM 8:26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 720910

1. Corporation Name TAMPA VILLAS SOUTH, INC.

Principal Place of Business BOX 13463 61R TAMPA FL 33681

Mailing Address BOX 13463 61R TAMPA FL 33681



2. Principal Place of Business 21 3802 EHRlich ROAD, Suite, Apt. #, etc. 22 SUITE 106 City & State 23 TAMPA, FL Zip 24 33624 Country 25 HILLS. 26 P.O. BOX 271269 Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL Zip 29 33688 Country 30 HILLS 3. Date Incorporated or Qualified 05/11/1971 4. FEI Number 59-1489614 Applied For Not Applicable 5. Certificate of Status Desired [X] \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LABARBERA, MICHAEL D 1907 W KENNEDY BLVD TAMPA FL 33608 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 500002992145--4 84 City -09/21/99-01932-024 *****61. FL *****61.25

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include titles like P, VP, D, TD, SD and names like GOITIA, SOLOSKY, CARBONARO, RUSNAK, FITZPATRICK, BOZE, HENRIQUES, BAY, FITZPATRICK, BENDER.

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 in an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 8/25/99 813 837 9815

CR2E037 (1/198)

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Pg 2 of 2

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 720910

ADDT'L OFFICERS

1. Corporation Name TAMPA VILLAS SOUTH, INC.

Principal Place of Business: BOX 13463, 61R, TAMPA FL 33681
Mailing Address: BOX 13463, 61R, TAMPA FL 33681



21. Principal Place of Business 3802 EHRLICH ROAD Suite, Apt. #, etc.	26. Mailing Address P.O. BOX 271269 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/11/1971
22. SUITE 106 City & State TAMPA, FL	27. City & State TAMPA, FL	4. FEI Number 59-1489614 Applied For <input type="checkbox"/> Not Applicable
23. Zip 33624 Country FL	28. Zip 33688 Country FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. 33624	25. FL	29. 33688
26. 33688	27. FL	30. FL

9. Name and Address of Current Registered Agent LABARBERA, MICHAEL D 1907 W KENNEDY BLVD TAMPA FL 33606	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	GOITIA, JOSE 4307 LA VERA CT TAMPA FL	1.1 TITLE TREASURER	RICCI, MARY 4519 LA VILLA LANE TAMPA, FL 33611
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VP	SOLOSKY, ETHAN 4223 LA SORRENTO COURT TAMPA, FL 00000	2.1 TITLE DIRECTOR	PLACERES, ROB 4528 LA CARMEN CT TAMPA, FL 33611
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	CARBONARO, DORIS A 4503 LA VILLA LANE TAMPA FL	3.1 TITLE DIRECTOR	DAYTON, JANE 4523 LA VILLA LANE TAMPA, FL 33611
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE TD	RUSNAK, BARBARA 4508 LA CAPRI CT TAMPA, FL 00000	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE SD	FITZPATRICK, MARY ANNE 4515 LA VILLA LANE TAMPA FL 33611	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	BOZE, MARY 4317 LA RIVERIA COURT TAMPA FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *AL HENRIQUES* 8/25/99 813 837 9815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0051943

CR2E037 (11/98)