


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90054 029 \*\*\*\*61.25

<b>DOCUMENT # 720910</b>					
1. Entity Name TAMPA VILLAS SOUTH, INC.					
Principal Place of Business 16105 N. FLORIDA A LUTZ, FL 33549			Mailing Address 16105 N. FLORIDA A LUTZ, FL 33549		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MEZER, STEVEN 220 S FRANKLI TAMPA, FL 33602				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				1801 N. Highland ave	
				City Tampa	FL Zip Code 33602
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANAGAN, MICHAEL		NAME		
STREET ADDRESS	16105 N FL #A		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITTITOW, VERA		NAME		
STREET ADDRESS	16185 N FL #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLACERES, VIRGINIA		NAME		
STREET ADDRESS	16105 N FL #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTLEY, NEIL		NAME	Rob Placeres	
STREET ADDRESS	16105 N FL #A		STREET ADDRESS	16105 N. Florida Ave #A	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMM, TAMMY		NAME	PATTY FLANAGAN	
STREET ADDRESS	16105 N FL #A		STREET ADDRESS	16105 N. Florida Ave #A	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, CAROL		NAME	ALI BROWN	
STREET ADDRESS	16105 N FLORIDA #19		STREET ADDRESS	16105 N. Florida Ave #A	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ, FL 33549	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____			APR 18 2008		813 968 5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #