

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34320

(4)

1. Corporation Name

HOMEOWNERS ASSOCIATION OF THE TARRYMORE, INC.



Principal Place of Business

Mailing Address

501 EAST KENNEDY BLVD., STE. 1700
TAMPA FL 33602

501 EAST KENNEDY BLVD., STE. 1700
TAMPA FL 33602

3. Date Incorporated or Qualified

09/25/1989

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 813 S. ROME AVE

26 813 S. ROME AVE.

4. FEI Number

59-2974810

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

27 City & State

TAMPA, FL

TAMPA, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

Country

25 Zip

Country

33606

HILLSBOROUGH

33606

HILLSBOROUGH

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BISHOP, AMELIA C
501 EAST KENNEDY BLVD., STE. 1700
TAMPA FL 33602

81 Name

PAUL PLANTE

82 Street Address (P.O. Box Number is Not Acceptable)

813 S. ROME AVE.

83

84 City

TAMPA

FL

85 Zip Code

33606

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

Paul J. Plante
Signature, typed or printed name of registered agent and title if applicable

PAUL J. PLANTE, TREASURER

(NOTE: Registered Agent's signature required when reinstating)

4/22/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME ADAMS, JAMES
STREET ADDRESS 809 SOUTH ROME AVE.
CITY-ST-ZIP TAMPA FL 33606

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME BISHOP, AMELIA C
STREET ADDRESS 807 SOUTH ROME AVE.
CITY-ST-ZIP TAMPA FL 33606

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME BISHOP, WILLIAM
2.3 STREET ADDRESS 807 SOUTH ROME AVE.
2.4 CITY-ST-ZIP TAMPA, FL 33606

TITLE TD ☐ DELETE

NAME PLANTE, PAUL
STREET ADDRESS 813 SOUTH ROME AVE.
CITY-ST-ZIP TAMPA FL 33606

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME ROBERTS, JAMES W. J
STREET ADDRESS 811 SOUTH ROME AVE
CITY-ST-ZIP TAMPA FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Paul J. Plante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

(813) 854-2351

Daytime Phone #

CR2E037 (12/95)