## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

CHOS CHEST CONTRACT

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N34320

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HOMEOWNERS ASSOCIATION OF THE TARRYMORE, INC.							
Principal Place	of Business	Mailing Address				radiation don mini ordisa inito andm didin bidin bidin bidin sidit sidit sidit sidit sidit	
813 S. ROME AVE. TAMPA FL 33606 US		613 S. ROME AVENUE Tampa Fl 33606 US				3. Date incorporated or Qualified  09/25/1989  4. FEI Number  Applied For	
						4. FEI Number Applied For Not Applicable	
2. Principal Pl	ace of Business	2a. Mailing Address		_		C 60 75 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
26						5. Certificate of Status Desired Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
2		27				Trust Fund Contribution	
City & State	)	<b>⊢</b> ¬ '	City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Cou	ntrv		7 Yes No  8. This corporation owes or has paid the current year Intangible	
4	25	29	30			Personal Property Tax due June 30. Yes No	
<del></del>	9. Name and Address of Curre		1			10. Name and Address of New Registered Agent	
				81	Name		
PLANTE, PAUL 813 S. ROME AVENUE				82	Street Address (P.O. Box Number is Not Acceptable)		
					Silver Address (1.0. Dox Hamber is 110) Acceptable		
tampa f	L 33606			83			
			ł	84	City	85 Zip Code	
					•	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE _	in familiar with, and accept the oblig Signature, typed or printed name of registered as					required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TIT	İF		Change Addition	
NAME	ADAMS, JAMES	<del>-</del>	1.2 NA				
STREET ADDRESS	809 SOUTH ROME AVE.		1.3 STRE		address		
CITY-ST-ZIP	TAMPA FL 33606		1.4 CI	Y-\$1	r-ZIP		
TITLE	SD	DELETE	2.1 111	LE		SD □ Change X Addition	
NAME	BISHOP, WILLIAM		2.2 NA			HORNE, JACK 807 SOUTH ROME AVE TAMPA FL 33606	
STREET ADDRESS	807 SOUTH ROME AVE.		1		address	807 SOUTH ROME AVE	
CITY-ST-ZIP	TAMPA FL TD	DELETE	2.4 CI		T-21P	TAMPA FC 33606	
TITLE NAME	PLANTE, PAUL	L. OELERE	3.1 TIT 3.2 NA		1		
STREET ADDRESS	813 SOUTH ROME AVE.				ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		3.4. CI		i		
TITLE	D	DELETE	4.1 111			☐ Change ☐ Addition	
NAME	ROBERTS, JAMES W. J		4, 2 NA	ME	j		
STREET ADDRESS	811 SOUTH ROME AVE		4.3 ST	REET	ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CIT	Y - \$1	r- <b>2</b> IP		
TITLE		☐ DELETE	5.1 TIT	LE		☐ Change ☐ Addition	
NAME			5.2 NA				
STREET ADDRESS					address		
CITY-ST-ZIP		☐ DELETE	5,4 CIT 6,1 TIT		- ZIP	Change Addition	
NAME		T AFTER	6.1 IN				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			6.4 CIT				
14. I hereby or	on this annual report or supplement	al annual report is true and acc	or the exe	mot	ion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an required by Chapter 617, Florida Statutes; and that my name appears in	