


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90078 007 ****61.25

DOCUMENT # N92000000154									
1. Entity Name BIARRITZ VILLAGE ASSOCIATION, INC.									
Principal Place of Business 4131 GUNN HIGHWAY TAMPA, FL 33618		Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33618							
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	4. FEI Number 59-3171749 <table border="1"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td></td> </tr> </table>		Applied For		Not Applicable	
Applied For									
Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/>			<input type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
TANKEL, ROBERT 1022 MAIN STREET STE D DUNEDIN, FL 34698			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>						
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 _____									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees					
Make check payable to Florida Department of State									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	MARTIN, DON	NAME	DVP Solheim, Lorraine CTOR						
STREET ADDRESS	18816 PL ANTIBES	STREET ADDRESS	18913 Avenue Biarritz IM						
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	LUTZ, FL 33558 TRITZ						
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	MCLEAN, MICHAEL	NAME	DT Glass, Bob BES						
STREET ADDRESS	18908 AVENUE BIARRITZ	STREET ADDRESS	18814 Place Antibes						
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	LUTZ, FL 33558 33558						
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	MILES, PHYLLIS	NAME	D Miles, Phyllis OR						
STREET ADDRESS	18906 PLACE MARQUETTE	STREET ADDRESS	18906 Place Marquette						
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	LUTZ, FL 33558						
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	LONG, NINA	NAME	DS Lynn, Lynne QUETTE						
STREET ADDRESS	18726 AVE BIARRITZ	STREET ADDRESS	18902 Place Marquette						
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	LUTZ, FL 33558 33558						
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	KNAPP, RON	NAME	D Harrold, Tricia RROLD						
STREET ADDRESS	18926 PLACE MARQUETTE	STREET ADDRESS	18930 Avenue Biarritz						
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	LUTZ, FL 33558 TRITZ						
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	HEMBREE, RON	NAME	D Webster, Don BES						
STREET ADDRESS	18815 AVENUE BIARRITZ	STREET ADDRESS	18815 Place Antibes						
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	LUTZ, FL 33558						
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: _____									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									
Date Daytime Phone #									