

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719827

Entity Name: TYRONE VILLAS, INC., NO. 6, A CONDOMINIUM**Current Principal Place of Business:**7839-38TH PLACE NO.
ST PETERSBURG, FL 33709**Current Mailing Address:**10033 DR. MARTIN LUTHER KING ST N
300
SAINT PETERSBURG, FL 33716 US**FEI Number:** 59-3517848**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TYRONE VILLAS
7839 38TH PL NO
ST. PETERSBURG, FL 33709 US*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.***SIGNATURE:** CAROL LEVY

04/29/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	STRAIN, BEVERLY
Address	10033 DR. MARTIN LUTHER KING ST N 300
City-State-Zip:	SAINT PETERSBURG FL 33716

Title	DIRECTOR
Name	DASILVA, TONI
Address	10033 DR. MARTIN LUTHER KING ST N 300
City-State-Zip:	SAINT PETERSBURG FL 33716

Title	DIRECTOR
Name	KORIN, ROMAN
Address	10033 DR. MARTIN LUTHER KING ST N 300
City-State-Zip:	SAINT PETERSBURG FL 33716

Title	SECRETARY
Name	ALSTADT, ANNE
Address	10033 DR. MARTIN LUTHER KING ST N 300
City-State-Zip:	SAINT PETERSBURG FL 33716

Title	VP
Name	WALKER , ANGELA
Address	10033 DR. MARTIN LUTHER KING ST N 300
City-State-Zip:	SAINT PETERSBURG FL 33716

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BEVERLY STRAIN

PRES

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date