

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720910

**FILED**  
**Apr 10, 2023**  
**Secretary of State**  
**0535111418CC**

**Entity Name:** TAMPA VILLAS SOUTH, INC.

**Current Principal Place of Business:**

3903 NORTHDAL BLVD #250W  
TAMPA, FL 33624

**Current Mailing Address:**

C/O WISE PROPERTY MANAGEMENT, INC.  
3903 NORTHDAL BLVD #250W  
TAMPA, FL 33624 US

**FEI Number:** 59-1489614

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GLAUSIER, CHARLES EVANS ESQ  
400 N. ASHLEY DR., SUITE 2020  
TAMPA, FL 33602 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            REYES, JOSEFINA  
Address        3903 NORTHDAL BLVD #250W  
City-State-Zip: TAMPA FL 33624

Title            VP  
Name            COHEN, KENETH  
Address        3903 NORTHDAL BLVD #250W  
City-State-Zip: TAMPA FL 33624

Title            TREASURER  
Name            SAMARAS, ALEXANDER  
Address        3903 NORTHDAL BLVD #250W  
City-State-Zip: TAMPA FL 33624

Title            SECRETARY  
Name            HARDING, ANN M  
Address        3903 NORTHDAL BLVD #250W  
City-State-Zip: TAMPA FL 33624

Title            DIRECTOR  
Name            MCCORMICK, JANE  
Address        3903 NORTHDAL BLVD #250W  
City-State-Zip: TAMPA FL 33624

Title            DIRECTOR  
Name            KESTRAN, SHEILA  
Address        3903 NORTHDAL BLVD #250W  
City-State-Zip: TAMPA FL 33624

Title            DIRECTOR  
Name            TANGHERLINI, FIORELLA  
Address        3903 NORTHDAL BLVD #250W  
City-State-Zip: TAMPA FL 33624

Title            DIRECTOR  
Name            CHESHIVE, JOANNA  
Address        3903 NORTHDAL BLVD #250W  
City-State-Zip: TAMPA FL 33624

*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:** JOSEFINA REYES

**PRESIDENT**

**04/10/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date