

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90094 009 ****61.25

DOCUMENT # 701966

1. Entity Name

**TOWN 'N COUNTRY PARK HOME OWNERS CIVIC
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 262516
TAMPA FL 33685-516
US

P.O. BOX 262516
TAMPA FL 33685-516
US

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOOD, ROBERT F
8317 FOUNTAIN AVENUE
TAMPA FL 33615**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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: P ☐ Delete
NAME: MUSHEA, PAUL
STREET ADDRESS: 7901 POCAHONTAS AVE W
CITY-STATE-ZIP: TAMPA FL 33615

TITLE: ☐ Change ☐ Addition
NAME: *Mushea, Paul*
STREET ADDRESS: *7901 Pocahontas Ave. W.*
CITY-STATE-ZIP: *Tampa FL 33615*

TITLE: V ☐ Delete
NAME: BROWNE, BILL
STREET ADDRESS: 7011 COBBLEWOOD CT
CITY-STATE-ZIP: TAMPA FL 33615

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: T ☐ Delete
NAME: HOOD, ROBERT F
STREET ADDRESS: 8317 FOUNTAIN AVE
CITY-STATE-ZIP: TAMPA FL 33615

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: D ☐ Delete
NAME: VERDELOTTI, BERNICE
STREET ADDRESS: 7102 HAZELHURST COURT
CITY-STATE-ZIP: TAMPA FL 33615

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: T ☐ Delete
NAME: VETRANO, JOE
STREET ADDRESS: 7607 W HANNA AVE
CITY-STATE-ZIP: TAMPA FL 33615

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: SD ☐ Delete
NAME: ROSE, BILL
STREET ADDRESS: 4725 EL DORADO DRIVE
CITY-STATE-ZIP: TAMPA FL 33615

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert F. Hood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-2007

Date

Daytime Phone #