

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701966

FILED
Jan 12, 2009
Secretary of State

Entity Name: TOWN 'N COUNTRY PARK HOME OWNERS CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 262516
TAMPA, FL 33685516 US

New Principal Place of Business:

7901 POCAHONTAS AVE. W.
TAMPA, FL 33685516 US

Current Mailing Address:

P.O. BOX 262516
TAMPA, FL 33685516 US

New Mailing Address:

FEI Number: 59-2319561 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCSHEA, PAUL
Address: 7901 POCAHONTAS AVE W
City-St-Zip: TAMPA, FL 33615

Title: V () Delete
Name: BROWNE, BILL
Address: 7011 COBBLEWOOD CT
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: HOOD, ROBERT F
Address: 8317 FOUNTAIN AVE
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: VERDELOTTI, BERNICE
Address: 7102 HAZELHURST COURT
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: VETRANO, JOE
Address: 7607 W HANNA AVE
City-St-Zip: TAMPA, FL 33615

Title: SD () Delete
Name: ROSE, BILL
Address: 4725 EL DORADO DRIVE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SILKWORTH, RICHARD
Address: 6029 MORNAY DR.
City-St-Zip: TAMPA, FL 33615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT F. HOOD

T

01/12/2009

Electronic Signature of Signing Officer or Director

Date