

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

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90054 001 ***183.75

DOCUMENT # 715478

1. Entity Name

TYRONE VILLAS, INC. NO. 2, A CONDOMINIUM



Principal Place of Business

7839 38 PLACE NORTH
ST PETERSBURG FL 33709

Mailing Address

7839 38 PLACE NORTH
ST PETERSBURG FL 33709

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
59-1962238

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

POWER, VINCENT L
7839 38TH PL N
ST PETERSBURG FL 33709

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 resigning)

D/A

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

NAME	VP	<input type="checkbox"/> Delete
STREET ADDRESS	LABARAN, MARY	
CITY - ST - ZIP	7806 90TH AVE N SAINT PETERSBURG FL 33709	
NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	FRANKE, NORMA	
CITY - ST - ZIP	7824 39TH AVE N SAINT PETERSBURG FL 33709	
NAME	S	<input type="checkbox"/> Delete
STREET ADDRESS	DALY, ELSIE	
CITY - ST - ZIP	7820 39TH AVE N ST. PETERSBURG FL 33709	
NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	CARR, DENNIS	
CITY - ST - ZIP	7825 30TH AVE N SAINT PETERSBURG FL 33709	
NAME	VP	<input type="checkbox"/> Delete
STREET ADDRESS	MCMURRAY, DIANE	
CITY - ST - ZIP	7830 39TH TERRACE N ST PETERSBURG FL 33709	
NAME	T	<input type="checkbox"/> Delete
STREET ADDRESS	POWER, VINCENT	
CITY - ST - ZIP	7807 38TH PL N ST PETERSBURG FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	

Shirley Carr
7825 39th Avenue N.
St. Petersburg, FL 33709

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: *V. Power* **VINCENT L. Power**

2-1-07

727-381-2074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #