


FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719827 (8)
1. Corporation Name
TYRONE VILLAS, INC., NO. 6, A CONDOMINIUM



Principal Place of Business 7839-38TH PLACE NO. ST PETERSBURG FL 33709	Mailing Address 7839-38TH PLACE NO. ST PETERSBURG FL 33709-4227
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3. Date Incorporated or Qualified 12/09/1970	3a. Date of Last Report 04/25/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number 59-1962238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SEDATE, IRENE
7848 39TH TERRACE NO.
ST. PETERSBURG FL 33709**

10. Name and Address of New Registered Agent
81 Name: **VINCENT L. POWER**
82 Street Address (P.O. Box Number is Not Acceptable): **7839 38th Pl. No**
83 City: **St. Petersburg FL 33709**
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *V. Power* **VINCENT L. POWER** DATE: **4-9-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WARREN, HAZEL
STREET ADDRESS	7757 39TH TERRACE, N.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	BENWARE, EUGENE
STREET ADDRESS	7786 39TH TERRACE NO.
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	RIGGS, AGNES
STREET ADDRESS	7758 39TH PLACE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	VP <input type="checkbox"/> DELETE
NAME	BEDELL, AGNES
STREET ADDRESS	7716 39TH PLACE N.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TERRA, ALICE
STREET ADDRESS	7787 39TH TERR NO
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	SEDATE, IRENE
STREET ADDRESS	7848 39TH TERRACE NO.
CITY-ST-ZIP	ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	POWER, VINCENT
6.3 STREET ADDRESS	7807 39th Pl. No.
6.4 CITY-ST-ZIP	St. Petersburg FL 33709

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *V. Power* **VINCENT L. POWER** DATE: **4-9-97** DAYTIME PHONE: **813-381-2074**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)