

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720910

FILED
Mar 16, 2009
Secretary of State

Entity Name: TAMPA VILLAS SOUTH, INC.

Current Principal Place of Business:

16105 N. FLORIDA
A
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

16105 N. FLORIDA
A
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-1489614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZER, STEVEN
1801 N. HIGHLAND AVE
TAMPA, FL 33602 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: D () Delete
Name: VITTITOW, VERA
Address: 16185 N FL #A
City-St-Zip: LUTZ, FL 33549

Title: TD () Delete
Name: PLACERES, VIRGINIA
Address: 16105 N FL #A
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: BARTLEY, NEIL
Address: 16105 N FL #A
City-St-Zip: LUTZ, FL 33549

Title: PD () Delete
Name: LAMM, TAMMY
Address: 16105 N FL #A
City-St-Zip: LUTZ, FL 33549

Title: SD () Delete
Name: WHITE, CAROL
Address: 16105 N FLORIDA #19
City-St-Zip: LUTZ, FL 33549

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: FLANAGAN, MICHAEL
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: TD (X) Change () Addition
Name: SMITH, DEBORAH
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change () Addition
Name: BARTLEY, NEIL
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: PD (X) Change () Addition
Name: LAMM, TAMMY
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: SD (X) Change () Addition
Name: WHITE, CAROL
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D () Change (X) Addition
Name: PLACERES, ROB
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

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: TAMMY LAMM

PRES

03/16/2009

Electronic Signature of Signing Officer or Director

Date