

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90081 032 ****61.25

DOCUMENT # 730062

1. Entity Name

**TOWN AND COUNTRY MANOR CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

22300 VICK STREET
P.O. BOX 100
CHARLOTTE HARBOR FL 33980

Mailing Address

22300 VICK STREET
P.O. BOX 100
CHARLOTTE HARBOR FL 33980

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2356414

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

BRITTS, LAUREL
22300 VICK ST.
#215
CHARLOTTE HARBOR FL 33980

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 reinstating)

DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BRITTS, LAUREL	
STREET ADDRESS	22300 VICK STREET UNIT 215	
CITY - ST - ZIP	PORT CHARLOTTE FL 33980-2061	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUGHES, MARY	
STREET ADDRESS	22300 VICK STREET, #217	
CITY - ST - ZIP	CHARLOTTE HARBOR FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	UPSHAW, HAZEL	
STREET ADDRESS	22300 VICK STREET, #220	
CITY - ST - ZIP	CHARLOTTE HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete <i>OK</i>
NAME	CARTWRIGHT, THOMAS E	
STREET ADDRESS	23249 VICK ST UNIT 117	
CITY - ST - ZIP	PORT CHARLOTTE FL 33980-2061	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NORUS, GERRY	
STREET ADDRESS	23249 MCCANLDESS AVE	
CITY - ST - ZIP	PORT CHARLOTTE FL 33980	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN BERNARD
STREET ADDRESS	18318 LAMONT AVE.
CITY - ST - ZIP	PORT CHARLOTTE, FL. 33948
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - 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: *Laurel Britts*