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

FILED
Mar 08, 2007 8:00 am
Secretary of State
02-22-2007 90028 037 *****8.75
03-08-2007 90004 030 ****61.25

DOCUMENT # 730062

1. Entity Name

TOWN AND COUNTRY MANOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
22300 VICK STREET P.O. BOX 100 CHARLOTTE HARBOR FL 33980	22300 VICK STREET P.O. BOX 100 CHARLOTTE HARBOR FL 33980

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
22300 Vick St.	22300 Vick St.
Suite, Apt. #, etc. # 100	Suite, Apt. #, etc. # 100
City & State CHARLOTTE HARBOR, FLA.	City & State CHARLOTTE HARBOR, FLA.
Zip: 33980-2061 Country: U.S. of A.	Zip: 33980-2061 Country: U.S. of A.

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

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

7. Name and Address of New Registered Agent

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: Laurel Britts Pres. LAUREL BRITTS 2-8-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstated) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P BRITTS, LAUREL 22300 VICK STREET UNIT 215 PORT CHARLOTTE FL 33980-2061	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T HUGHES, MARY 22300 VICK STREET, #217 CHARLOTTE HARBOR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V UPSHAW, HAZEL 22300 VICK STREET, #220 CHARLOTTE HARBOR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CARTWRIGHT, THOMAS E 23249 VICK ST UNIT 117 PORT CHARLOTTE FL 33980-2061	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	REYNALDO LABSAN 22302 VICK ST. UNIT 114 CHARLOTTE HARBOR, FL. 33980-2061	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S BERNARD, ANN 18318 LAMONT AVE PORT CHARLOTTE FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

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 LAUREL BRITTS 2-8-07 941 204 1134
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
40031478

I'm sending a check for the $61.25, Check #2342 for $8.75 was for the Certificate of Status. I've been doing this for 9 yrs & this is the 1st time I forgot the $61.25. Sorry!