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Mar 28 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 # 770302 (8)
1. Corporation Name
TOWN 'N COUNTRY VILLAS CONDOMINIUM OF TAMPA, INC



Principal Place of Business C/O ANCHOR PROPERTY MGMT. INC. 5519-B HANLEY RD. TAMPA FL 33634	Mailing Address C/O ANCHOR PROPERTY MGMT. INC. 5519-B HANLEY RD. TAMPA FL 33634-4903
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3. Date Incorporated or Qualified 09/20/1983	3a. Date of Last Report 05/28/1996
4. FEI Number 59-2314256	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**ANCHOR PROPERTY MANAGEMENT INC
5519-B HANLEY RD
TAMPA FL 33634**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RUILOVA, VINCENT IV	
STREET ADDRESS	7329 JACKSON SPRINGS RD	
CITY - ST - ZIP	TAMPA FL 33634	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, JUSTINE	
STREET ADDRESS	7335 JACKSON SPRINGS RD	
CITY - ST - ZIP	TAMPA FL 33634	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STOLKI, CHARLENE	
STREET ADDRESS	7337 JACKSON SPRINGS RD	
CITY - ST - ZIP	TAMPA FL 33634	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, BOB	
STREET ADDRESS	7812 NORTH CAMERON	
CITY - ST - ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUSHEA, PAUL	
STREET ADDRESS	7339 JACKSON SPRINGS RD	
CITY - ST - ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DEBORAH CASTELLANO	
1.3 STREET ADDRESS	7323 JACKSON SPRINGS ROAD	
1.4 CITY - ST - ZIP	TAMPA, FL 33634-4749	
2.1 TITLE	PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Justine Smith	
2.3 STREET ADDRESS	7335 JACKSON SPRINGS Rd.	
2.4 CITY - ST - ZIP	TAMPA, FL. 33634	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SHO BAHNG	
4.3 STREET ADDRESS	7329 JACKSON SPRINGS ROAD	
4.4 CITY - ST - ZIP	TAMPA, FL. 33634-4749	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 in an attachment with an address.

SIGNATURE: *Justine Smith* Justine Smith PRES. Mar. 4-1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048977

CR2E037 (9/96)