

FILE NOW: FILING FEE IS \$61.25

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**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified
09/20/1983

4. FEI Number
59-2314256

Applied For
 Yes Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country	25 Country	29 Zip	30 Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CASTELLANO, DEBORAH
STREET ADDRESS	7323 JACKSON SPRINGS RD
CITY-ST-ZIP	TAMPA FL
TITLE	P <input type="checkbox"/> DELETE
NAME	SMITH, JUSTINE
STREET ADDRESS	7335 JACKSON SPRINGS RD
CITY-ST-ZIP	TAMPA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	STOLKI, CHARLENE
STREET ADDRESS	7337 JACKSON SPRINGS RD
CITY-ST-ZIP	TAMPA FL 33634
TITLE	D <input type="checkbox"/> DELETE
NAME	BAHNG, SHO
STREET ADDRESS	7329 JACKSON SPRINGS R
CITY-ST-ZIP	TAMPA FL
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 VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALFREDO CASTILLO
1.3 STREET ADDRESS	7327 JACKSON SPRINGS RD.
1.4 CITY-ST-ZIP	TAMPA, FL 33634
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Justine Smith (PRESIDENT) 1-6-98 882-4192

CR2E037 (10/97)