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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770302

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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2. Principal Place of Business 21 8737 Temple Terrace Hwy Suite, Apt. #, etc.	2a. Mailing Address 26 8737 Temple Terrace Hwy Suite, Apt. #, etc.	3. Date Incorporated or Qualified 09/20/1983
22 City & State 23 Temple Terrace, FL	27 City & State 28 Temple Terrace, FL	4. FEI Number 59-2314256
24 Zip 33637	25 Country U.S.	29 Zip 33637
30 Country U.S.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent ANCHOR PROPERTY MANAGEMENT INC 5519-B HANLEY RD TAMPA FL 33634		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

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 The Vanguard Management Group, Inc.	
		82 Street Address (P.O. Box Number is Not Acceptable) 8737 Temple Terrace Hwy.	
		83	
		84 City Temple Terrace	85 Zip Code FL 33637

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: *Mike Garrison* DATE: **Feb 16, 1999**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, ALFREDO	1.2 NAME	
STREET ADDRESS	7323 JACKSON SPRINGS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JUSTINE	2.2 NAME	
STREET ADDRESS	7335 JACKSON SPRINGS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLKI, CHARLENE	3.2 NAME	
STREET ADDRESS	7337 JACKSON SPRINGS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAHNG, SHO	4.2 NAME	
STREET ADDRESS	7329 JACKSON SPRINGS R	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSHEA, PAUL	5.2 NAME	
STREET ADDRESS	7339 JACKSON SPRINGS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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, with all other like empowered.

SIGNATURE: *Mike Garrison* SIGNATURE REQUIRED DATE: **Feb 16, 1999** (813) 988-1152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)