

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

0040552

DOCUMENT # 770302

1. Entity Name

TOWN 'N COUNTRY VILLAS CONDOMINIUM OF TAMPA, INC

05-02-2002 90088 045 ****61.25

Principal Place of Business

Mailing Address

VANGUARD MGMT
 9300 N 16 ST
 TAMPA FL 33612

VANGUARD MGMT
 9300 N 16 ST
 TAMPA FL 33612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2314256

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOYER, BOB
9300 N 16 ST
TAMPA FL 33612

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.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAHNG, SHO	
STREET ADDRESS	3604 MARCO DR	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUSHEA, PAUL	
STREET ADDRESS	7339 JACKSON SPRINGS RD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSE III	
STREET ADDRESS	7108 GLENMOOR DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBINSON, DOUGLAS	
STREET ADDRESS	7305 JACKSON SPRINGS RD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input type="checkbox"/> Delete
NAME	VASCONI, JOY	
STREET ADDRESS	7333 JACKSON SPRINGS RD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC/DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREAS/DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YINGLING-II, CHARLES	
STREET ADDRESS	7307 JACKSON SPRINGS RD.	
CITY-ST-ZIP	TAMPA FL 33634	

12. 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 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 that I am 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:

MOYER, BOB
 MOYER, BOB
 MOYER, BOB

SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-02 (813) 930-8036

CR2E037 (9/01)