


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90098 002 ****61.25

DOCUMENT # 770302					
1. Entity Name TOWN 'N COUNTRY VILLAS CONDOMINIUM OF TAMPA, INC.					
Principal Place of Business VANGUARD MGMT 9300 N 16 ST TAMPA, FL 33612		Mailing Address VANGUARD MGMT 9300 N 16 ST TAMPA, FL 33612			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2314256	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
WINFIELD, JANET 9300 N 16TH 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUERRERO, EVELYN		NAME		
STREET ADDRESS	7319 JACKSON SPRINGS RD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUSHEA, PAUL		NAME		
STREET ADDRESS	7339 JACKSON SPRINGS RD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, SHERRIE		NAME		
STREET ADDRESS	7313 JACKSON SPRINGS RD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BURWELL, JOANNE		NAME	S	
STREET ADDRESS	7325 JACKSON SPRINGS RD		STREET ADDRESS	Rozycki, Mary	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	7305 Jackson Springs Rd	
				Tampa FL 33634	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DEBERNARD, ERICA		NAME	VP	
STREET ADDRESS	7329 JACKSON SPRINGS RD		STREET ADDRESS	Hansen, Gerry	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	7323 Jackson Springs Rd	
				Tampa FL 33634	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	T	
STREET ADDRESS			STREET ADDRESS	Fernandez, Ricardo	
CITY-ST-ZIP			CITY-ST-ZIP	7309 Jackson Springs Rd	
				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 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: _____			Date: 4-27-05		Daytime Phone #: 8886628
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					