


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90226 021 ****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 218 E. BEARSS AVE		3. Mailing Address 218 E. BEARSS AVE	
Suite, Apt. #, etc. #241		Suite, Apt. #, etc. #241	
City & State Tampa FL		City & State TAMPA FL	
Zip 33613	Country USA	Zip 33613	Country USA
6. Name and Address of Current Registered Agent WINFIELD, JANET 9300 N 16TH ST TAMPA, FL 33612		7. Name and Address of New Registered Agent Name CONDOMINIUM ALLIANCE MNGT. CORP Street Address (P.O. Box Number is Not Acceptable) 218 E. BEARSS AVE #241 City Tampa FL Zip Code 33613	
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: <u>Raymond J. Cronin</u> President		DATE: <u>4/25/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D GUERRERO, EVELYN 7319 JACKSON SPRINGS RD TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. VICTORENE JACKSON 7339 JACKSON SPRINGS RD TAMPA FL 33634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, SHERRIE 7313 JACKSON SPRINGS RD. TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK EVARISTE 7331 JACKSON SPRINGS RD TAMPA FL 33634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROZYCKI, MARY 7325 JACKSON SPRINGS RD TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. GISELA EMMANUELLI 7333 JACKSON SPRINGS RD TAMPA, FL 33634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANSEN, GERRY 7323 JACKSON SPRINGS RD TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ, FIERARDO 7309 JACKSON SPRINGS RD TAMPA, FL 33634 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT GERARDO FERNANDEZ 7309 JACKSON SPRINGS RD TAMPA FL. 33634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Raymond J. Cronin</u>		DATE: <u>4/25/06</u> 813-9356633	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	