


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90088 045 ****61.25

DOCUMENT # 770302

1. Entity Name
TOWN 'N COUNTRY VILLAS CONDOMINIUM OF TAMPA, INC.



40002737

Principal Place of Business
 218 E BEARSS AVE
 #241
 TAMPA, FL 33613

Mailing Address
 218 E BEARSS AVE
 #241
 TAMPA, FL 33613

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

01052007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2314256

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CONDOMINIUM ALLIANCE MGMT CORP
 218 E BEARSS AVE
 #241
 TAMPA, FL 33613

7. Name and Address of New Registered Agent
 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 Raymond J. Cronin **RAYMOND J. CRONIN** 1/5/07
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GUERRERO, EVELYN	
STREET ADDRESS	7319 JACKSON SPRINGS RD	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	P	<input type="checkbox"/> Delete
NAME	JACKSON, VICTORENE	
STREET ADDRESS	7339 JACKSON SPRING RD	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVARISTE, PATRICK	
STREET ADDRESS	7331 JACKSON SPRINGS RD	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	S	<input type="checkbox"/> Delete
NAME	EMMANUELLI, GISELA	
STREET ADDRESS	7333 JACKSON SPRINGS RD	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FERNANDEZ, GETARDO	
STREET ADDRESS	7309 JACKSON SPRINGS RD	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEAN SMITH	
STREET ADDRESS	1816 DIE HERITAGE DR APT 14207	
CITY-ST-ZIP	ORLANDO, FL 32839	
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		

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: Raymond J. Cronin **RAYMOND J. CRONIN** 1/11/07 813 935 6633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #