

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770302

FILED
Jan 18, 2009
Secretary of State

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

Current Principal Place of Business:

218 E BEARSS AVE
#241
TAMPA, FL 33613

New Principal Place of Business:

10549 N. FLORIDA AVENUE
#241
TAMPA, FL 33613

Current Mailing Address:

218 E BEARSS AVE
#241
TAMPA, FL 33613

New Mailing Address:

10549 N. FLORIDA AVENUE,
#241
TAMPA, FL 33613

FEI Number: 59-2314256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDOMINIUM ALLIANCE MGMT CORP
218 E BEARSS AVE
#241
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

CONDOMINIUM ALLIANCE MGMT CORP
10549 N. FLORIDA AVENUE
#241
TAMPA, FL 33613 US

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: TUMBA KANYINDA

01/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUERRERO, EVELYN
Address: 7319 JACKSON SPRINGS RD
City-St-Zip: TAMPA, FL 33634

Title: P () Delete
Name: JACKSON, VICTORENE
Address: 7339 JACKSON SPRING RD
City-St-Zip: TAMPA, FL 33634

Title: T () Delete
Name: SMITH, SEAN
Address: 1816 OLE HERITAGE DR APT 14207
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TUMBA KANYINDA

MGR

01/18/2009

Electronic Signature of Signing Officer or Director

Date