


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90944 008 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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
**MOYER, BOB
9300 N 16 ST
TAMPA FL 33612**

7. Name and Address of New Registered Agent
Name: **WINFIELD, JANET**
Street Address (P.O. Box Number is Not Acceptable): **9300 N. 16th STREET**
City: **TAMPA** FL Zip Code: **33612**

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: *Janet Winfield* **JANET WINFIELD-AGENT** DATE: **4-4-03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	PD	<input checked="" 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	SP	<input type="checkbox"/> Delete
NAME	ROBINSON, DOUGLAS	
STREET ADDRESS	7305 JACKSON SPRINGS RD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VASCONI, JOY	
STREET ADDRESS	7333 JACKSON SPRINGS RD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YINGLINGII, CHARLES	
STREET ADDRESS	7307 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUERRERO, EVELYN	
STREET ADDRESS	7319 JACKSON SPRINGS ROAD	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURWELL; JOANNE	
STREET ADDRESS	1325 JACKSON SPRINGS RD.	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBERNARDI, ERICA	
STREET ADDRESS	7339 JACKSON SPRINGS RD.	
CITY-ST-ZIP	TAMPA, FL 33634	
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 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: *Janet Winfield* **JANET WINFIELD-AGENT** DATE: **4-4-03** - **930-8036** (813)

CR2E037 (10/02)