

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005758

FILED
Jul 29, 2008
Secretary of State

Entity Name: VILLA TAMPANIA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

604 S. TAMPANIA AVE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

604 S. TAMPANIA AVE
TAMPA, FL 33609

New Mailing Address:

FEI Number: 03-0522989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCARTER, SANDRA
604 S. TAMPANIA AVE., UNIT D
TAMPA, FL 33609 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HALL, HARRY
Address: 604 S. TAMPANIA AVE #C
City-St-Zip: TAMPA, FL 33609

Title: VP () Delete
Name: MCCARTER, SANDY
Address: 604 S. TAMPANIA AVE UNIT D
City-St-Zip: TAMPA, FL 33609

Title: T () Delete
Name: SCALFARO, FRANK
Address: 604 A TAMPANIA AVE #B
City-St-Zip: TAMPA, FL 33609

Title: S () Delete
Name: RIVIERA, HECTOR J
Address: 604 S. TAMPANIA AVE #A
City-St-Zip: TAMPA, FL 33609

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:

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: SANDRA MCCARTER

MRS

07/29/2008

Electronic Signature of Signing Officer or Director

Date