

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000003

FILED
Mar 28, 2006
Secretary of State

Entity Name: TACON VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

305 S. MACDILL AVE.
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

305 S. MACDILL AVE.
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-2689958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, PETER
305 S. MACDILL AVE.
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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: D () Delete
Name: BENNETT, PETER
Address: 305 S. MACDILL AVE.
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: GOLDSWORTH, JACK
Address: 305 S. MACDILL AVE.
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: FORTNEY, OLIVIA
Address: 305 S. MACDILL AVE.
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:

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER BENNETT

D

03/28/2006

Electronic Signature of Signing Officer or Director

Date