

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90040 004 ****70.00

DOCUMENT # N06755 1. Entity Name VILLAGE OF TAMPA MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 1261 AUTUMN DRIVE LOT #258 TAMPA, FL 33613-2313			Mailing Address 1261 AUTUMN DRIVE LOT #258 TAMPA, FL 33613-2313		
2. Principal Place of Business <i>1320 Four Seasons Blvd</i> Suite, Apt. #, etc.		3. Mailing Address <i>1320 Four Seasons Blvd</i> Suite, Apt. #, etc.			
City & State <i>Tampa, FL</i> Zip <i>33613</i>		City & State <i>Tampa, FL</i> Zip <i>33613</i>		4. FEI Number NOT APPLICABLE	
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUZZO, CHRISTOPH J 1261 AUTUMN DRIVE LOT #258 TAMPA, FL 33613-2313				7. Name and Address of New Registered Agent Name <i>Allen Denson</i> Street Address (P.O. Box Number is Not Acceptable) <i>1320 Four Seasons Blvd</i> City <i>Tampa</i> FL Zip Code <i>33613</i>	
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 <i>Allen Denson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>4/9/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUZZO, CHRISTOPH J 1261 AUTUMN DRIVE TAMPA, FL 336132313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Allen Denson 1320 Four Seasons Blvd Tampa, FL 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATHIAS, SHARON 14515 FALL RD TAMPA, FL 33613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Patti Montanez 1407 Autumn Dr Tampa, FL 33613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASIGLIA, KATHLEEN 1335 FOUR SEASONS BLVD TAMPA, FL 33613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Collene Siebold 1447 Four Seasons Blvd Tampa, FL 33613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENSON, ALLEN 1320 FOUR SEASONS BLVD TAMPA, FL 33613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Deborah Hall 1440 Four Seasons Blvd Tampa, FL 33613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, ELIJAH 14503 FALL RD TAMPA, FL 33613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steven Bartelt 1327 Four Seasons Blvd Tampa, FL 33613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, RALPH 1271 AUTUMN DRIVE TAMPA, FL 33613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nancy Bartelt 1327 Four Seasons Blvd Tampa, FL 33613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Allen Denson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>4/9/05</i> Daytime Phone # <i>813-632-16634</i>	