

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06755

FILED
Apr 25, 2006
Secretary of State

Entity Name: VILLAGE OF TAMPA MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1320 FOUR SEASONS BLVD
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

1320 FOUR SEASONS BLVD
TAMPA, FL 33613

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DENSON, ALLEN
1320 FOUR SEASONS BLVD
TAMPA, FL 33613 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: P () Delete
Name: DENSON, ALLEN
Address: 1320 FOUR SEASONS BLVD
City-St-Zip: TAMPA, FL 33613

Title: VD () Delete
Name: MONTANEZ, PATTI
Address: 1407 AUTUMN DR
City-St-Zip: TAMPA, FL 33613

Title: S () Delete
Name: SIEBOLD, COLLENE
Address: 1447 FOUR SEASONS BLVD
City-St-Zip: TAMPA, FL 33613

Title: VP () Delete
Name: DENSON, ALLEN
Address: 1320 FOUR SEASONS BLVD
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: LUCAS, ELIJAH
Address: 14503 FALL RD
City-St-Zip: TAMPA, FL 33613

Title: T () Delete
Name: HALL, DEBORAH
Address: 1440 FOUR SEASONS BLVD
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MONTANEZ, PATTI
Address: 1407 AUTUMN DR
City-St-Zip: TAMPA, FL 33613

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

Title: D (X) Change () Addition
Name: BARTELT, STEPHEN
Address: 1327 FOUR SEASONS BLVD
City-St-Zip: TAMPA, FL 33613

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

Title: T (X) Change () Addition
Name: BARTELT, NANCY
Address: 1327 FOUR SEASONS BLVD
City-St-Zip: TAMPA, FL 33613

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: COLLENE SIEBOLD

S

04/25/2006

Electronic Signature of Signing Officer or Director

Date