

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N40092

1. Entry Name
THE TEXAS COURT TOWNHOMES HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
2511-C W TEXAS AVE
TAMPA, FL 33629 US

Mailing Address
2511-C W TEXAS AVE
TAMPA, FL 33629 US



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3256388

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLOWERS, DEIDRE
2511-C WEST TEXAS AVE
TAMPA, FL 33629

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HALL, DORINDA
STREET ADDRESS	2512-B W TEXAS AVE
CITY - ST - ZIP	TAMPA, FL 336346222
TITLE	PT
NAME	FLOWERS, DEIDRE
STREET ADDRESS	2511-C W TEXAS AVE
CITY - ST - ZIP	TAMPA, FL 336746222
TITLE	VPD
NAME	TRAMMELL, MARY
STREET ADDRESS	2512 A W TEXAS AVE
CITY - ST - ZIP	TAMPA, FL 336746222
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/10/05-80007-009 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Deidre Flowers DEIDRE Flowers 1-4-05 (813) 740-3544