


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N40092	
1. Entity 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
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3256388	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLOWERS, DEIDRE 2511-C WEST TEXAS AVE TAMPA, FL 33629
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, KAREN 2511 A W TEXAS AVE TAMPA, FL 336346222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FLOWERS, DEIDRE 2511-C W TEXAS AVE TAMPA, FL 336296222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRAMMELL, MARY 2512 A W TEXAS AVE TAMPA, FL 336296222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/09/07-80054-001 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	Date: 1-4-07	Daytime Phone #: (813) 740-3544 x137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		