

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 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**



01092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3256388**

Applied For  
Not Applicable

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

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000784362  
01/16/08-80050-023 70.00**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MONTGOMERY, KAREN  
STREET ADDRESS 2511 A 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 336296222

TITLE VPD  
NAME TRAMMELL, MARY  
STREET ADDRESS 2512 A W TEXAS AVE  
CITY-ST-ZIP TAMPA, FL 336296222

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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**

*Deidre Flowers* *Deidre Flowers*

Date

Daytime Phone #

**1-8-08 3544 4137**  
**(813) 740**