

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

DOCUMENT # N92000000154

1. Entity Name
BIARRITZ VILLAGE ASSOCIATION, INC.



API
MO

02-14-2006 90003 041 ****61.25

Principal Place of Business
4131 GUNN HIGHWAY
TAMPA, FL 33618

Mailing Address
4131 GUNN HIGHWAY
TAMPA, FL 33618

ACCOUNT CODE _____

DATE MAILED _____



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3171749

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TANKEL, ROBERT
1022 MAIN STREET STE D
DUNEDIN, FL 34698

MAIN

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, DON 18816 PLACE ANTIBES LUTZ, FL 33558	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARROLD, TRICIA 18930 AVENUE BIARRITZ LUTZ, FL 33558	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEILL, MIKE 18922 PLACE MARQUETTE LUTZ, FL 33558	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAUCH, ERIC 18901 AVENUE BIARRITZ LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREKORIAN, MARK 18908 PLACE MARQUETTE LUTZ, FL 33558	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, LARRY 18920 PLACE MARGUERTA LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Don Martin 18816 Place Antibes Lutz, FL 33558	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tricia Harrold 18930 Avenue Biarritz Lutz, FL 33558	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mac McLean 18908 Avenue Biarritz Lutz, FL 33558	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nina Long 18726 Avenue Biarritz Lutz, FL 33558	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Geoffrey Spinks 18935 Avenue Biarritz Lutz, FL 33558	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P Harrold PATRICIA HARROLD

2/5/06

Date

813-909-9878

Daytime Phone #