

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

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90078 007 ****61.25

DOCUMENT # N92000000154					
1. Entity Name BIARRITZ VILLAGE ASSOCIATION, INC.					
Principal Place of Business 4131 GUNN HIGHWAY TAMPA, FL 33618			Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33618		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3171749	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	<input type="checkbox"/> Delete		TITLE DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME MARTIN, DON	18816 PL ANTIBES LUTZ, FL 33558		NAME Solheim, Lorraine	18913 Avenue Biarritz Lutz, FL 33558	
STREET ADDRESS LUTZ, FL 33558			STREET ADDRESS LUTZ, FL 33558		
CITY - ST - ZIP LUTZ, FL 33558			CITY - ST - ZIP LUTZ, FL 33558		
TITLE PD	<input checked="" type="checkbox"/> Delete		TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME MCLEAN, MICHAEL	18908 AVENUE BIARRITZ LUTZ, FL 33558		NAME Glass, Bob	18814 Place Antibes Lutz, FL 33558	
STREET ADDRESS LUTZ, FL 33558			STREET ADDRESS LUTZ, FL 33558		
CITY - ST - ZIP LUTZ, FL 33558			CITY - ST - ZIP LUTZ, FL 33558		
TITLE VD	<input type="checkbox"/> Delete		TITLE DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MILES, PHYLLIS	18906 PLACE MARQUETTE LUTZ, FL 33558		NAME Miles, Phyllis	18906 Place Marquette Lutz, FL 33558	
STREET ADDRESS LUTZ, FL 33558			STREET ADDRESS LUTZ, FL 33558		
CITY - ST - ZIP LUTZ, FL 33558			CITY - ST - ZIP LUTZ, FL 33558		
TITLE D	<input checked="" type="checkbox"/> Delete		TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME LONG, NINA	18726 AVE BIARRITZ LUTZ, FL 33558		NAME Lynn, Lynne	18902 Place Marquette Lutz, FL 33558	
STREET ADDRESS LUTZ, FL 33558			STREET ADDRESS LUTZ, FL 33558		
CITY - ST - ZIP LUTZ, FL 33558			CITY - ST - ZIP LUTZ, FL 33558		
TITLE TD	<input checked="" type="checkbox"/> Delete		TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KNAPP, RON	18926 PLACE MARQUETTE LUTZ, FL 33558		NAME Harrold, Tricia	18930 Avenue Biarritz Lutz, FL 33558	
STREET ADDRESS LUTZ, FL 33558			STREET ADDRESS LUTZ, FL 33558		
CITY - ST - ZIP LUTZ, FL 33558			CITY - ST - ZIP LUTZ, FL 33558		
TITLE D	<input checked="" type="checkbox"/> Delete		TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HEMBREE, RON	18815 AVENUE BIARRITZ LUTZ, FL 33558		NAME Webster, Don	18815 Place Antibes Lutz, FL 33558	
STREET ADDRESS LUTZ, FL 33558			STREET ADDRESS LUTZ, FL 33558		
CITY - ST - ZIP LUTZ, FL 33558			CITY - ST - ZIP LUTZ, FL 33558		
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 _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					