

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90041 015 ****61.25

DOCUMENT # N99000006616

1. Entity Name
TAMPA BAY TANGO, INC.



Principal Place of Business
**10310 ROSEMOUNT DR
TAMPA, FL 33624**

Mailing Address
**10310 ROSEMOUNT DR
TAMPA, FL 33624**

40110000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3609895

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

**GOBLE, JANA
10310 ROSEMOUNT DRIVE
TAMPA, FL 33624-5122**

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, 2007**

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 **DS** ☐ Delete
NAME **GOBLE, JANA**
STREET ADDRESS **10310 ROSEMOUNT DRIVE**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **DV** ☐ Delete
NAME **KOZLOV, MARTA**
STREET ADDRESS **222 BRIGHTWATERS**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33704**

TITLE **PD** ☒ Delete
NAME **WILHELMY, MARK**
STREET ADDRESS **2905 W. PRICE AVE.**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **TD** ☒ Delete
NAME **HARGRAVE, RICHARD**
STREET ADDRESS **1518 RIVERSIDE DRIVE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **DV** ☒ Delete
NAME **PRUCHER, STEVE**
STREET ADDRESS **1434 ADMIRAL WOODSON LANE**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **GOBLE, JANA**
STREET ADDRESS **10310 ROSEMOUNT DRIVE**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **FORESTIER, IAN**
STREET ADDRESS **2517 19th Street North**
CITY-ST-ZIP **St. Petersburg, FL 33713**

TITLE **TD** ☐ Change ☒ Addition
NAME **FRINGS, GARY**
STREET ADDRESS **6817 Wagon Wheel Circle**
CITY-ST-ZIP **Sarasota, FL 34243**

TITLE **D** ☐ Change ☒ Addition
NAME **LICHTSTEIN, LEN**
STREET ADDRESS **1655 S. Highland Avenue, # J-188**
CITY-ST-ZIP **Clearwater, FL 33756**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jana C. Goble **JANA C. GOBLE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07
Date

(813) 222-5040
Daytime Phone #

ATTACHMENT
40118636
#N99000006616



PARTNERS
CLUB

5-24-07

Sorry for
the delay.
New Treas-
urer.
Gary Frump

PMJZ0011