
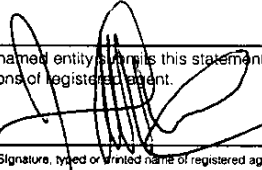
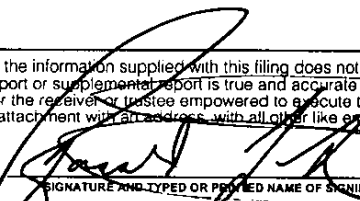


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90041 018 ****61.25

DOCUMENT # N01000007676 1. Entity Name THOMSON VILLAGE HOMEOWNERS ASSOCIATION, INC.																																																																																																																																									
Principal Place of Business 9614 SHEPARD PLACE WELLINGTON, FL 33414			Mailing Address 3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414																																																																																																																																						
2. Principal Place of Business - No P.O. Box # 3461-B FAIRLANE FARMS RD		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																							
City & State WELLINGTON, FL		City & State Suite, Apt. #, etc.		4. FEI Number 65-1158947																																																																																																																																					
Zip 33414		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent NEWSOME, JOHN 3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																					
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  3/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
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																																																																																																																																					
Make check payable to Florida Department of State																																																																																																																																									
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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:  3/13/07 561-818-1584 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									

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