

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90219 032 ****61.25

DOCUMENT # N04000003125

1. Entity Name
**TRADITIONS AT WOODMONT HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**550 N REO STREET
SUITE 300
TAMPA, FL 33609**

Mailing Address
**550 N REO STREET
SUITE 300
TAMPA, FL 33609**

40100000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-1353467

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

**REALMANAGE
550 N REO STREET
SUITE 300
TAMPA, FL 33609**

Name **REAL MANAGE LLC**

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MILLER, THOMAS
STREET ADDRESS 6303 SEA LAVENDER LANE
CITY-ST-ZIP TAMPA, FL 33625 ☐ Delete

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

TITLE VP
NAME DE JESUS, ELIS JAMES
STREET ADDRESS 6411 SEA LAVENDER LANE
CITY-ST-ZIP TAMPA, FL 33625 ☐ Delete

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

TITLE TD
NAME STROMSNES, TREVOR
STREET ADDRESS 13303 TIGER LILLY LANE
CITY-ST-ZIP TAMPA, FL 33625 ☐ Delete

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

TITLE SD
NAME FLEISCHMANN, ADAM
STREET ADDRESS 6305 SEA LAVENDER LANE
CITY-ST-ZIP TAMPA, FL 33625 ☐ Delete

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

TITLE D
NAME SKINNER, JACOB W.
STREET ADDRESS 13312 TIGER LILLY LANE
CITY-ST-ZIP TAMPA, FL 33625 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

ITS President

4/21/08

313 349 5769

Date

Daytime Phone #