


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000008486 1. Entity Name THOMPSON CENTER WATERS PROPERTY OWNERS ASSOCIATION, INC.	
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FILED
 07 MAY 30 PM 12:49
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
66014916



04122007 No Chg-NP CR2E037 (4/06)

Principal Place of Business 5313 JOHNS ROAD SUITE 201 TAMPA, FL 33634	Mailing Address 5313 JOHNS ROAD SUITE 201 TAMPA, FL 33634
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DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1590908	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CALLAHAN, DEE
 5313 JOHNS ROAD
 SUITE 201
 TAMPA, FL 33634

DO NOT WRITE
 IN THIS SPACE

900104256519
 06/12/07--01015--011 **\$8.40

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

900104256519
 06/12/07--01015--003 **\$5.46

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, RONALD M 5313 JOHNS ROAD #201 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARON, EVA 5313 JOHNS ROAD #201 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CALLAHAN, DEE 5313 JOHNS ROAD #201 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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900104256519
 06/12/07--01015--008 **\$3.64

900104256519
 06/12/07--01015--001 **\$5.60

900104256519
 06/12/07--01015--002 **\$10.50

900104256519
 06/12/07--01015--003 **\$1.82

900104256519
 06/12/07--01015--004 **\$7.74

900104256519
 06/12/07--01015--005 **\$7.74

900104256519
 06/12/07--01015--006 **\$1.36

900104256519
 06/12/07--01015--007 **\$1.82

900104256519
 06/12/07--01015--012

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 117, 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: Dee Callahan Dee A. Callahan 4/12/07 813-884-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #