

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08201

FILED
Feb 22, 2009
Secretary of State

Entity Name: TYLER'S COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

546 THAMES CIRCLE
P.O. BOX 948
LONGWOOD, FL 32750

New Principal Place of Business:

542 THAMES CIRCLE
LONGWOOD, FL 32750

Current Mailing Address:

P.O. BOX 948
LONGWOOD, FL 327502739

New Mailing Address:

FEI Number: 59-2684924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUSE, WALT
542 THAMES CIRCLE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: BURNS, MARY
Address: 554 THAMES CIR.
City-St-Zip: LONGWOOD, FL 32750

Title: T () Delete
Name: BREMER, FRED
Address: 536 THAMES CIR
City-St-Zip: LONGWOOD, FL 32750

Title: P () Delete
Name: ROUSE, WALT
Address: 542 THAMES CIR
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALT ROUSE

P

02/22/2009

Electronic Signature of Signing Officer or Director

Date