

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26415

FILED
Apr 29, 2008
Secretary of State

Entity Name: TAMPA HOMEOWNERS, AN ASSOCIATION OF NEIGHBORHOODS, INC.

Current Principal Place of Business:

4625 LONGFELLOW AVENUE
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

4625 LONGFELLOW AVENUE
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 59-2890968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, WOFFORD
4625 LONGFELLOW AVENUE
TAMPA, FL 33629 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: P () Delete
Name: JOHNSON, WOFFORD
Address: 4625 LONGFELLOW AVENUE
City-St-Zip: TAMPA, FL 33629 US

Title: VP () Delete
Name: BARON, RANDY
Address: 217 WEST COMMANCHE AVENUE
City-St-Zip: TAMPA, FL 33604

Title: S () Delete
Name: ZERLA, FREDRIC
Address: 11111 NORTH 21ST STREET
City-St-Zip: TAMPA, FL 33612

Title: T () Delete
Name: DUVALL, BILL
Address: 5408 NORTH BRANCH AVENUE
City-St-Zip: TAMPA, FL 33604

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:

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: BILL DUVALL

Electronic Signature of Signing Officer or Director

T

04/29/2008

Date