2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State
02-01-2008 90020 017 ****61.25

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1. Entity Name
TATUM RIDGE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4301 32ND STREET WEST SUITE A-19 BRADENTON, FL 34205	4301 32ND ST. W. A-20 BRADENTON, FL 34205 US

400137

01282008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3619042
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, M.H. CHRIS
C & S CONDO MGT. SERVICES, INC.
4301 32ND ST. WEST, SUITE A-20
BRADENTON, FL 34205

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	POTTER, KAREN
STREET ADDRESS	7832 KAVANAGH CT
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D
NAME	ENYART, BUD
STREET ADDRESS	1898 KAVANAGH CT
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	T
NAME	MOZZICATO, PAUL
STREET ADDRESS	343 LONDONDERRY DR.
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	P
NAME	LOCASTRO, TINA
STREET ADDRESS	287 LONDONDERRY DR.
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	VP
NAME	NASBY, ROBERT
STREET ADDRESS	347 LANDONBERRY DR.
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Tina LoCastro TINA LOCASTRO 1/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #