2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002762

Apr 25, 2008 Secretary of State

Entity Name: TANNER ROAD PHASES 1 AND 2 PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 **SUITE 5000**

LONGWOOD, FL 32779

New Mailing Address: Current Mailing Address:

2180 WEST SR 434 SUITE 5000

LONGWOOD, FL 32779 US

FEI Number: 59-3556325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W JR C/O SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD () Delete RICHENDOLLAR, KEVIN Name:

4032 SHAWN CIRCLE Address: ORLANDO, FL 32826 City-St-Zip:

Title: PD () Delete HARRIS, TAMMY Name:

Address: 14540 KRISTENRIGHT LANE City-St-Zip: ORLANDO, FL 32826

Title: () Delete

BURNSIDE, CURTIS S Name: Address: 14609 KRISTENRIGHT LN City-St-Zip: ORLANDO, FL 32826

Title: TD () Delete

Name: GAUDREAU, KEN Address: 14505 LISALYNNE CT City-St-Zip: ORLANDO, FL 32826

Title: () Delete PARKER, TRACY Name:

4025 SHAWN CIR Address: City-St-Zip: ORLANDO, FL 32826

(X) Change () Addition SINGH, DONALD Name:

Address: 14706 KRISTENRIGHT LN City-St-Zip: ORLANDO, FL 32826

Title: (X) Change () Addition

Name: GAMARRA, AMERICA Address: 14754 KRISTENRIGHT LANE City-St-Zip: ORLANDO, FL 32826

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: (X) Change () Addition

Name: GAUDREAU, KEN Address: 14505 LISALYNNE CT City-St-Zip: ORLANDO, FL 32826

Title: PD (X) Change () Addition

PARKER, TRACY Name: 4025 SHAWN CIR Address: City-St-Zip: ORLANDO, FL 32826

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: TRACY PARKER PD 04/25/2008