

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002284

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** TREANOR VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3461-B FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

3461-B FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 20-1128688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWSOME, JOHN  
3461-B FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414 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: MANSFIELD, MADELINE  
Address: 3461-B FAIRLANE FARMS ROAD  
City-St-Zip: WELLINGTON, FL 33414

Title: ST ( ) Delete  
Name: HINZE, MIKE  
Address: 3461-B FAIRLANE FARMS ROAD  
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Delete  
Name: LEWIS, CARLOS  
Address: 3461-B FAIRLANE FARMS ROAD  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MANSFIELD, MADELINE  
Address: 2627 TREANOR TERRACE  
City-St-Zip: WELLINGTON, FL 33414

Title: ST (X) Change ( ) Addition  
Name: HINZE, MIKE  
Address: 2709 TREANOR TERRACE  
City-St-Zip: WELLINGTON, FL 33414

Title: VP (X) Change ( ) Addition  
Name: JACQUISH, DAN  
Address: 2679 TREANOR TERRACE  
City-St-Zip: WELLINGTON, FL 33414

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: MIKE HINZE

ST

01/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date