

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755237

FILED
Feb 27, 2009
Secretary of State

Entity Name: TOWNHOMES OF BIGTREE ASSOCIATION,INC.

Current Principal Place of Business:

P O BOX 56516
JACKSONVILLE, FL 322416516 US

New Principal Place of Business:

10462 BIGTREE C E
JACKSONVILLE, FL 32257 US

Current Mailing Address:

P O BOX 56516
JACKSONVILLE, FL 322416516 US

New Mailing Address:

FEI Number: 59-2068347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMEAX, KATHLEEN
10392 BIG TREE CIR. W
JACKSONVILLE, FL 32257 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: D () Delete
Name: LIGHTFOOT, LARRY
Address: 10376 BIG TREE LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: PD () Delete
Name: COMEAUX, KATHLEEN
Address: 10392 BIG TREE CIR. W.
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD () Delete
Name: ELMORE, KAYE
Address: 10402 BIG TREE CIR. E
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD () Delete
Name: ABOUD, DENISE
Address: 10451 BIG TREE CIR. W
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD () Delete
Name: SUCCA, SARAH
Address: 10345 BIGTREE TERRACE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: CAMPBELL, DON
Address: 10511 BIG TREE CIR. E
City-St-Zip: JACKSONVILLE, FL 32257

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: TD (X) Change () Addition
Name: BONCZOS, SUSAN
Address: 10462 BIGTREE CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32257

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: SUSAN BONCZOS

TD

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date