

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 307620

Entity Name: TYLANDER REALTY CORP.

FILED  
Mar 26, 2009  
Secretary of State

**Current Principal Place of Business:**

201 JUPITER WOODS DRIVE  
JUPITER, FL 33458 US

**New Principal Place of Business:**

**Current Mailing Address:**

201 JUPITER WOODS DRIVE  
JUPITER, FL 33458 US

**New Mailing Address:**

FEI Number: 59-1145581      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FUCHS, LANCE C ESQ  
7108 FAIRWAY DRIVE  
SUITE 200  
PALM BEACH GARDENS, FL 33418 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VPSD ( ) Delete  
Name: TYLANDER, GENE R,  
Address: 249 HAMPTON PLACE  
City-St-Zip: JUPITER, FL 33428

Title: PDT ( ) Delete  
Name: WOLFE, KATHLEEN  
Address: 201 JUPITER WOODS DRIVE  
City-St-Zip: JUPITER, FL 33458

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN WOLFE

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date