2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703266

FILED Apr 10, 2009 Secretary of State

Entity Name: THONOTOSASSA, SEFFNER, MANGO CIVIC ASSOCIATION INCORPORATED

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

11706 WILLIAMS ROAD THONOTOSASSA, FL 33592

Current Mailing Address: New Mailing Address:

PO BOX 1070 PO BOX 47

THONOTOSASSA, FL 33592 THONOTOSASSA, FL 33592

FEI Number: 59-3618786 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:

GRANT, PAULINE L 9609 JÓE EBERT ROAD. SEFFNER, FL 33584

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

GRANT, PAULINE GRANT, PAULINE L Name: Name: 9609 JOE EBERT ROAD Address: 9609 JOE EBERT ROAD Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584 US

Title: () Delete Title: (X) Change () Addition HONEYWELL, ARNETT Name: HONEYWELL, ARNETT Name: Address: 11722 N. TOM FOLSOM RD Address: 11722 N. TOM FOLSOM RD City-St-Zip: THONOTOSASSA, FL 33592 City-St-Zip: THONOTOSASSA, FL 33592 US

Title: CD () Delete Title: CD (X) Change () Addition HART, BARBARA A BUCHANAN, GRACIE Name: Name:

8021 TERRACE RIDGE DRIVE Address: PO BOX 234 Address: City-St-Zip: THONOTOSASSA, FL 33592 City-St-Zip: TAMPA, FL 33617 US

Title: RCD () Delete Title: TD (X) Change () Addition Name: HARRIS, ETHEL Name: LITTLE, CARL

6619 STARK ROAD Address: 9812 ROCKHILL RD Address: City-St-Zip: THONOTOSASSA, FL 33592 City-St-Zip: SEFFNER, FL 33584 US

Title: (X) Delete Title: () Change () Addition

LITTLE, CARL Name: Name: 6619 STARK ROAD Address: Address: City-St-Zip: SEFFNER, FL 33584 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: PAULINE L. GRANT PD 04/10/2009