



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90125 019 ****61.25

DOCUMENT # 711483 1. Entity Name TALLEVAST COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 7727-78TH AVE. TERRACE EAST TALLEVAST, FL 34270-0015 US			Mailing Address PO BOX 15 TALLEVAST, FL 34270-0015		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 04192008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-6214463				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWARD, CYNTHIA S. 7816-17TH ST. CT., E. TALLEVAST, FL 34270			7. Name and Address of New Registered Agent Name Melissa Williams-Robinson Street Address (P.O. Box Number is Not Acceptable) 1725 76TH AVE DR E City TALLEVAST FL Zip Code 34270		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Melissa Williams-Robinson</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SLOAN, JOHNNIE 1909 TALLEVAST RD. TALLEVAST, FL 34270	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASSANDRA, BRICE 2003 TALLVEST RD TALLEVAST, FL 34270	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D WILLIAMS, Margaret S. 7207 12TH ST E SARASOTA FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWARD, CYNTHIA S. 7816 17TH ST. CT. E. TALLEVAST, FL 34270	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BING, LAVELLE C 5827 14TH ST W PRADENTON FL 34207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLAND, MICHELLE P.O. BOX 1826 TALLEVAST, FL 34270	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, CYNTHIA S. 7816 17TH ST CT E TALLEVAST FL 34270	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, PAMELA C 1711 TALLEVAST RD TALLEVAST, FL 34270	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, BEVERLY 1511 TALLEVAST RD TALLEVAST FL 34270	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, MELISSA 1725 76TH AVE DR E TALLEVAST, FL 34270	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, JAMMIE 510 12TH ST W PALMETTO FL 34221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, PAMELA C 1711 TALLEVAST RD TALLEVAST, FL 34270	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRYOR, LEWIS 4127 72nd AVE E SARASOTA FL 34243	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Margaret Williams</u> Date <u>4-22-08</u> Daytime Phone # <u>941 355 2291</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					