2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2009
Secretary of State

DOCUMENT# 728151

Entity Name: THUNDER ROAD ACRES ASSOCIATION, INC.

Current Principal Place of Business:

% CHARLES H ALCANTER
3577 JIMS COURT
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

% CHARLES H ALCANTER
3577 JIMS COURT
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 59-3539436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALCANTER, CHARLES H
3577 JIMS CT
GREEN COVE SPRINGS, FL 32043 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: CD ( ) Delete
Name: ALCANTER, CHARLES H
Address: 3577 JIMS CT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete
Name: JORDON, DON
Address: 3620 JIMS CT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete
Name: MOSHER,, KAREN
Address: 3657 JIMS CT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD ( ) Delete
Name: ALCANTER, JILL
Address: 3569 JIMS CT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: TEMPLE, MICHAEL L
Address: 3671 JIMS CT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: BASHAM, SHEILA M M
Address: 3627 JIMS CT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: CHARLES H ALCANTER CD 05/28/2009

Electronic Signature of Signing Officer or Director Date