

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728151

FILED
May 22, 2011
Secretary of State

Entity Name: THUNDER ROAD ACRES ASSOCIATION, INC.

Current Principal Place of Business:

3578 EDS CT
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

ARLENE JONES
3578 EDS CT
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 ()**

Name and Address of Current Registered Agent:

JONES, ARLENE
3578 EDS 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: O/D
Name: JONES, ARLENE
Address: 3578 EDS CT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: O
Name: TEMPLE, FRANCIE
Address: 3691 JIMS CT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: O
Name: BASHAM, SHEILAH
Address: 3627 JIMS CT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D
Name: TEMPLE, MIKE
Address: 3591 JIMS CT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D
Name: BANNISTER, DENNIS
Address: 3563 THUNDER RD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D
Name: WALSH, BILL
Address: 3631 JIMS CT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby 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 all other like empowered.

SIGNATURE: ARLENE JONES

PRES

05/22/2011

Electronic Signature of Signing Officer or Director

_____ Date