

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90017 025 ****61.25

DOCUMENT # 731611	
1. Entity Name TALLAVANA HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business LAKE TALLAVANA P O BOX 1075 HAVANA FL 32333	Mailing Address LAKE TALLAVANA P O BOX 1075 HAVANA FL 32333
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number 59-1902141		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 ROBINSON, DEBRA K 145 HONEYSUCKLE DR HAVANA FL 32333		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: 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
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10. OFFICERS AND DIRECTORS <i>-See Attached</i>				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	RITCHIE, LINDA		NAME	Neil Mc Donald			
STREET ADDRESS	3899 TALLAVANA TRAIL		STREET ADDRESS	3000 Tallavana Trail			
CITY-ST-ZIP	HAVANA FL 32333		CITY-ST-ZIP	Havana, FL 32333			
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MAPSTONE, MIKE		NAME	Bill Oswald			
STREET ADDRESS	2167 TALLAVANA TR		STREET ADDRESS	2715 Tallavana Trail			
CITY-ST-ZIP	HAVANA FL 32333		CITY-ST-ZIP	Havana, FL 32333			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COMBS, ROBERT		NAME				
STREET ADDRESS	1260 TALLAVANA TRAIL		STREET ADDRESS				
CITY-ST-ZIP	HAVANA FL 32333		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCOTT, THOMAS		NAME				
STREET ADDRESS	1579 TALLAVANA TR		STREET ADDRESS				
CITY-ST-ZIP	HAVANA FL 32333		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HELMS, KIMSEY		NAME				
STREET ADDRESS	3014 TALLAVANA TR		STREET ADDRESS				
CITY-ST-ZIP	HAVANA FL 32333		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	JEFFERIS, MIKE		NAME	Larry Jones			
STREET ADDRESS	3639 TALLAVANA TR		STREET ADDRESS	664 Mason Drive			
CITY-ST-ZIP	HAVANA FL 32333		CITY-ST-ZIP	Havana, FL 32333			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Lawrence Larry Jones, Sec.** **2/12/08** **850-686-1705**

ATTACHMENT

40030202

731611

TALLAVANA HOMEOWNERS' ASSOCIATION, INC.

2008 OFFICERS AND DIRECTORS

PRESIDENT:	Neil McDonald 3000 Tallavana Trail Havana, FL 32333	539-0760
VICE PRESIDENT:	Bill Oswald 2715 Tallavana Trail Havana, FL 32333	539-5552
SECRETARY:	Larry Jones 664 Mason Drive Havana, FL 32333	539-6637
TREASURER:	Rick Kornmeier 661 Tallavana Trail Havana, FL 32333	364-5011
DIRECTOR:	Kimsey Helms 3059 Tallavana Trail Havana, FL 32333	539-0136
DIRECTOR:	Robert Combs 1260 Tallavana Trail Havana, FL 32333	539-8029
DIRECTOR:	Tom Scott 1579 Tallavana Trail Havana, FL 32333	539-6081