

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733648

FILED
Mar 15, 2009
Secretary of State

Entity Name: TAMARAC PARK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 2741
KEY WEST, FL 330452741 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2741
KEY WEST, FL 330452741 US

New Mailing Address:

FEI Number: 59-1645197 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LUMMIS, LAURA
88 SIRIUS LANE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

LUMMIS, LAURA
88 SIRIUS LANE
KEY WEST, FL 33040 US

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: _____

03/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIGGS, DONALD
Address: 167 MARS LN
City-St-Zip: KEY WEST, FL 33040

Title: V () Delete
Name: ROSS, PHILIP
Address: 61 BOUDARY LN
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: HUFF, KATHY A
Address: 135 SEA LANE
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: LUMMIS, LAURA
Address: 88 SIRIUS LANE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: OWENS, GLENDON
Address: 184 VENUS LANE
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Delete
Name: COOKSON, CARL
Address: 104 SIRIUS LANE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: MULDER, GLEN
Address: 119 SUN LANE
City-St-Zip: KEY WEST, FL 33040

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

Title: T (X) Change () Addition
Name: LUMMIS, LAURA
Address: 88 SIRIUS LANE
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change () Addition
Name: COOKSON, CARL
Address: 104 SIRIUS LANE
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
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: LAURA LUMMIS

T

03/15/2009

Electronic Signature of Signing Officer or Director

Date