

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738584

FILED
Jun 02, 2008
Secretary of State

Entity Name: TRI CITY APARTMENT ASSOCIATION, INC.

Current Principal Place of Business:

23110 STATE ROAD 54
#243
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

23110 STATE ROAD 54
#243
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 59-2404481 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:

Name and Address of New Registered Agent:

GWINN, DILYNE C
23110 STATE ROAD 54
#243
LUTZ, FL 33549 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PPD () Delete
Name: AMBER ELLIOTT,
Address: 2305 - 46TH AVE W
City-St-Zip: BRADENTON, FL 34207

Title: SD () Delete
Name: BROWN, DIANE
Address: 24840 BURNT PINE DRIVE #4
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD () Delete
Name: COX, NANCY
Address: 955 53RD STREET E
City-St-Zip: BRADENTON, FL 34208

Title: VPD () Delete
Name: STROUPE, TAMMY
Address: 3510 CHESHIRE SQUARE
City-St-Zip: SARASOTA, FL 34237

Title: PD () Delete
Name: DOSCH, STACEY
Address: 4449 MCINTOSH PARK DRIVE
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: SIMMONS, TARA
Address: PO BOX 669
City-St-Zip: TALLEVAST, FL 34270

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

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

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: DILYNE GWINN

AE

06/02/2008

Electronic Signature of Signing Officer or Director

Date