2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745881

FILED Apr 30, 2009 Secretary of State

Entity Name: THOMPSON EAST PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2602 MERIDA LANE 15009 CANCUN PLACE TAMPA, FL 33618 TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

2602 MERIDA LANE 15009 CANCUN PLACE TAMPA, FL 33618 TAMPA, FL 33618

FEI Number: 59-1889101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DYAL, DEBRA
2602 MERIDA LANE
TAMPA, FL 33618
US

REITZ, ILENE
2606 COZUMEL DRIVE
TAMPA, FL 33618
US

TAMPA, FL 33618
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: ILENE REITZ 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: DYAL, JAMES Name: VICKERS, JAY

 Address:
 2602 MERIDA LANE
 Address:
 15009 CANCUN PLACE

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:
 TAMPA, FL 33618

Title: D () Delete Title: D (X) Change () Addition Name: VICKERS, JAY Name: PAMELA, MINIATI

 Name:
 VICKERS, JAY
 Name:
 PAMIELA, MINIATI

 Address:
 15009 CANCUN PLACE
 Address:
 2521 COZUMEL DRIVE

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:
 TAMPA, FL 33618

Title: T () Delete Title: () Change () Addition

 Name:
 MORGAN, GINA
 Name:

 Address:
 2515 COZUMEL DRIVE
 Address:

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 DYAL, DEBRA
 Name:
 REITZ, ILENE

 Address:
 2602 MERIDA LANE
 Address:
 2606 COZUMEL DRIVE

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:
 TAMPA, FL 33618

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: JAY VICKERS PD 04/30/2009