

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 746882

1. Entity Name
TANNAHILL HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**1824 N.W. 102ND WAY
GAINESVILLE, FL 32606**

Mailing Address
**1824 N.W. 102ND WAY
GAINESVILLE, FL 32606**



01052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3005311	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

**JOHNS, EDWIN
1824 N.W. 102ND WAY
GAINESVILLE, FL 32606**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNS, EDWIN 1824 N.W. 102ND WAY GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VYVERBERG, FRED 2277 N.W. 16TH AVE. GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GORDON, WILMA 2123 NW 102ND WAY GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUKAS, MIKE 2023 NW 102 WAY GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINDLE, BRIAN 1923 NW 102 WAY GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000779973

01/14/08-80003-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Edwin C. Johns **EDWIN C. JOHNS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/08 352-332-0547