## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 748591**

FILED Feb 28, 2007 Secretary of State

Entity Name: TALLWOOD OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
621 W INDIANA AVE DELAND, FL 32720 US			621 W IND	621 W INDIANA AVE	
			#7		
			DELAND, I	FL 32720 US	
Current Mailing Address:			New Maili	New Mailing Address:	
P.O. BOX 4 DELAND, F		US			
·,·					
FEI Number:	59-2032996	FEI Number Applied For ( )	FEI Number Not App	icable ( ) Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
DAVIS, RO	BERT D				
	OVER CIRCL	E US			
	named entity of Florida.	submits this statement for the pu	ırpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	onic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	PD (	) Delete	Title:	( ) Change ( ) Addition	
Name:	STANLEY, JU	•	Name:	( ) shangs ( ) hadinen	
Address:	621 W INDIAN	NA #4	Address:		
City-St-Zip:	DELAND, FL	32720	City-St-Zip:		
Title:	SD (	) Delete	Title:	( ) Change ( ) Addition	
Name:	FREE, CHARI		Name:	( ) Sharige ( ) Addition	
Address:	621 W INDIAN		Address:		
City-St-Zip:	DELAND, FL	32720	City-St-Zip:		
Γitle:	TD (	) Delete	Title:	( ) Change ( ) Addition	
Vame:	BLANE, VIRG		Name:	( ) Change ( ) Addition	
Address:	621 W INDIAN		Address:		
City-St-Zip:	DELAND, FL		City-St-Zip:		
Title:	VD (	) Delete	Title:	( ) Change ( ) Addition	
Vame:	LOWE, FRAN	•	Name:	( ) Change ( ) Addition	
Address:	621 W. INDIA		Address:		
	DELAND, FL		City-St-Zip:		
Title:	1	) Delete	Title	D ( ) Change (Y) Addition	
ritie: Vame:	(	) Delete	Title:	D ( ) Change (X) Addition SWARTZ, TERESSA	
vame: Address:			Name: Address:	621 W. INDIANA #1	
Ruuress. City-St-Zip:			City-St-Zip:	DELAND, FL 32720	
			- '		

I hereby certify that the information supplied with this filing does not qualify for the 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: VIRGINIA BLANE DT 02/28/2007