2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State
03-03-2008 90191 016 ****61.25

DOCUMENT # 752097

1. Entity Name
TAVARES HOMEOWNERS, INC.

Principal Place of Business	Mailing Address
756 MARINA LANE TAVARES, FL 32778-0827	756 MARINA LANE TAVARES, FL 32778-0827

02072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1980287 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUGGAN, ROBERT J 1029 WEST MAGNOLIA STREET LEESBURG, FL 34748	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EATON, JUDY A 440 MARINA LANEX TAVARES, FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Slayden, Linda 464 Marina Lane Tavares, FL 32778	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EATON, JACK M 440 MARINA LANE TAVARES, FL 32778	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Blake, Paul 540 marina lane Tavares, FL 32778	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C TINSKY, ROBERT 556 MARINE LANE TAVARES, FL 32778	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Belau, Carol 582 Sinclair Circle Tavares, FL 32778	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAFARD, JEE 510 SINCLAIR CIRCLE TAVARES, FL 32778	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bertha Hess 580 marina lane Tavares, FL 32778	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLAYDEN, JOE 464 MARINA LANE TAVARES, FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Grogan, Ed 664 marina lane Tavares, FL 32778	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAPP, RICHARD 525 MARINA LANE TAVARES, FL 32778	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kathy Morris 541 marina lane Tavares, FL 32778	☐ Change ☒ Addition

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: Judy Eaton Judy Eaton 2/22/08 352 343 6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #