

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752097

FILED
Feb 04, 2009
Secretary of State

Entity Name: TAVARES HOMEOWNERS, INC.

Current Principal Place of Business:

756 MARINA LANE
TAVARES, FL 327780827

New Principal Place of Business:

Current Mailing Address:

756 MARINA LANE
TAVARES, FL 327780827

New Mailing Address:

FEI Number: 59-1980287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUGGAN, ROBERT J
1029 WEST MAGNOLIA STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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: T () Delete
Name: EATON, JUDY A
Address: 440 MARINA LANEX
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: SLAYDEN, LINDA
Address: 464 MARINA LN
City-St-Zip: TAVARES, FL 32778

Title: C () Delete
Name: BLAKE, PAUL
Address: 540 MARINA LN
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: BELAU, CAROL
Address: 582 SINCLAIR CIR
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: SLAYDEN, JOE
Address: 464 MARINA LANE
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: HESS, BERTHA
Address: 580 MARINA LN
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: EATON, JUDY A
Address: 440 MARINA LANE
City-St-Zip: TAVARES, FL 32778

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

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

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: JUDY EATON

TREA

02/04/2009

Electronic Signature of Signing Officer or Director

Date