2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90333 003 ****61.25

1. Entity Nan	ne	#762923 TRY HOMEOWNE	RS ASSOCIATION,				-10-2007 5	0333 003	01.	20	
Principal Plac 1501 S. FLO LAKELAND, I		s US	Mailing Address 1501 S. FLORIDA AVE LAKELAND, FL 33803)	I 818 H 818 H 8 17H	I Bibli Bibli Gib	184 0) (1 44 9)	
Principal Place of Business - No P.O. Box # 3. No P.O. Box # 4. Principal Place of Business - No P.O. Box # 4. Principal Place of Business - No P.O. Box # 4. Principal Place of Business - No P.O. Box # 4. Principal Place of Business - No P.O. Box # 4. Principal Place of Business - No P.O. Box # 4. Principal Place of Business - No P.O. Box # 4. Principal Place of Business - No P.O. Box # 4. Principal Place of Business - No P.O. Box # 4. Principal Place of Business - No P.O. Box # 4. Principal Place of Business - No P.O. Box # 4. Principal Place of Business - No P.O. Box # 4. Principal Place of Business - No P.O. Box # 4. Principal Place of Business - No P.O. Box # 4. Principal Place of Business - No P.O. Box # 4. Principal Place of Business - No P.O. Box # 4. Principal Place of Business - Principal Pl			3. Mailing Address 4928 Marke	3. Mailing Address 4928 Market Son							
Suite, Apt. #, etc.			Suite, Apt, #. etc. C/O D. Tosh			03112007 Chg-NP CR2E037 (12/06)					
City & State			Lakeland FL			4. FEI Number 59-238079	92			oplied For ot Applicable	
Zip Country		33813	Zip Country VS		5. Certificate of S			\$8.75 Add Fee Require			
	o. Name	and Address of Current	Registered Agent			7. Name and Add	aress of Mem M	tegistereu A	gent		
MUNSON, PETER J. 1501 S. FLORIDA AVE LAKELAND, FL. 33803					Name Street Address (P.O. Box Number is Not Acceptable)						
				City	<u> </u>				Zip Cod		
			r the purpose of changing its			ed agent, or both, in	the State of Flo	FL orida. I am f	<u></u>		
the obligat	tions of regist	ered agent.									
SIGNATURE	Signature, lyped	or printed name of registered agent	and little if applicable (NO	TE Registered Agent	signature required	when reinstating)		DATE			
	_			impaign Financ Contribution.	ing	\$5.00 May Be Added to Fees		lake check ida Depart			
. 10.	_	lay 1, 2007	Trust Fund	Contribution.		Added to Fees	Flor	ida Depart	ment of Si	tate	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _