


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 763656 1. Entity Name TRANQUIL TERRACE RESIDENT ASSOCIATION, CORP.	
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Principal Place of Business C/O LYNDY HINCKLEY 718 MARGARET SQUARE WINTER PARK, FL 32789	Mailing Address C/O LYNDY HINCKLEY 718 MARGARET SQUARE WINTER PARK, FL 32789
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01172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1555093	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYNDY HINCKLEY
718 MARGARET SQUARE
WINTER PARK, FL 32789

**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 _____ (NOTE: Registered Agent signature required when restarting) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

MAY 1
FLORIDA DEPT. OF STATE

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARGER, MARTIN 845 W SWOOPE #43 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDD HINCKLEY, LYNDY 718 MARGARET SQUARE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, IRENE 845 W SWOOPE #39 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000412493
02/10/06-80049-008 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNDA HINCKLEY

Date: 1/16/06 Daytime Phone #: 407-645-2869