

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90368 043 ****61.25

DOCUMENT # 764508

1. Entity Name

TIBERON HOMEOWNERS' ASSOCIATION INCORPORATED



Principal Place of Business

1101 HYDE CT
LONGWOOD FL 32750
US

Mailing Address

P.O. BOX 520662
LONGWOOD FL 32752
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

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

HUGHES, PAMELA B
1031 MARIN DR
LONGWOOD FL 32750

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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
P
PLEASANTS, CAROLE ☐ Delete
1010 WAVERLY DR.
LONGWOOD FL 32750

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
Rae Cavanaugh ☐ Change ☒ Addition
1101 Hyde Ct
Longwood FL 32750

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
MORRISON, NICOLE ☒ Delete
1000 WAVERLY DR.
LONGWOOD FL 32750

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
T
Rae Cavanaugh ☐ Delete
1101 Hyde Ct
Longwood, FL 32750

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Carole A Pleasants*
Carole A Pleasants

04-10-06 407-681-3496