

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

**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**



04092007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**NOT APPLICABLE**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fees Required**

**6. Name and Address of Current Registered Agent**

**HUGHES, PAMELA B**  
**1031 MARIN DR**  
**LONGWOOD, FL 32750**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** P  
**NAME** PLEASANTS, CAROLE  
**STREET ADDRESS** 1010 WAVERLY DR.  
**CITY-ST-ZIP** LONGWOOD, FL 32750

**TITLE** T  
**NAME** CAVANAUGH, RAE  
**STREET ADDRESS** 1101 HYDE CT  
**CITY-ST-ZIP** LONGWOOD, FL 32750

**TITLE**  
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**CITY-ST-ZIP**

U00000703260  
04/20/07-80132-008 61.25

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**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:** *Carole A. Pleasants* Carole A. Pleasants

04.09.07

407 681 3496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #