



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
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	
DO NOT WRITE IN THIS SPACE			
		 04212008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			DO NOT WRITE IN THIS SPACE
HUGHES, PAMELA B 1031 MARIN DR LONGWOOD, FL 32750			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PLEASANTS, CAROLE 1010 WAVERLY DR. LONGWOOD, FL 32750		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAVANAUGH, RAE 1101 HYDE CT LONGWOOD, FL 32750		
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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: <u>Carole A Pleasants</u>		04-22-08 4076813496	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	