


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90104 007 ****61.25

DOCUMENT # 771153 1. Entity Name TYNER VILLAS TOWNHOUSE ASSOCIATION, INC.					
Principal Place of Business 696 TYNER STREET FORT WALTON BEACH, FL 32547-2263 US				Mailing Address 696 TYNER STREET FORT WALTON BEACH, FL 32547-2263 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SERNA, KATHRYN 712 GREENWOOD ST. FORT WALTON BEACH, FL 32547				Name <u>Elizabeth Clark</u> Street Address (P.O. Box Number is Not Acceptable) <u>810 NE Eglin Pkwy, Unit #10</u> City <u>Fort Walton Beach</u> FL Zip Code <u>32547</u>	
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 <u>Elizabeth Clark Elizabeth Clark</u> 1-28-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDER, WILLIAM		NAME		
STREET ADDRESS	#80 11TH STREET		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARME, THERESA		NAME		
STREET ADDRESS	696 TYNER STREET #7.		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARGOLD, KIMBERLY		NAME		
STREET ADDRESS	696 TYNER ST #37		STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH, FL 32547		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIEF, THOMAS		NAME		
STREET ADDRESS	810 NE EGLIN PKWY #7		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32579		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SERNA, KATHRYN		NAME	<u>DST Kathryn Novak-Serna</u>	
STREET ADDRESS	712 GREENWOOD ST		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>William J. Linder</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-28-07 850-830-8842 <small>Date Daytime Phone #</small>		