

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90059 042 \*\*\*\*61.25

**DOCUMENT # N00000005924**

1. Entity Name  
**THUNDERBIRD HILL EAST HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**3601 BLUEBERRY LANE  
SEBRING, FL 33872**

Mailing Address  
**3601 BLUEBERRY LANE  
SEBRING, FL 33872**

40017100

2. Principal Place of Business - No P.O. Box #  
**3600 BLUEBERRY LANE**  
Suite, Apt. #, etc.

3. Mailing Address  
**3600 BLUEBERRY LANE**  
Suite, Apt. #, etc.

City & State  
**SEBRING FL**

City & State  
**SEBRING FL**

01252007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-1048845**

Applied For  
Not Applicable

Zip  
**33872** Country  
**HIGHLANDS**

Zip  
**33872** Country  
**HIGHLANDS**

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

**KLUTEY, STEVE  
3601 BLUEBERRY LANE  
SEBRING, FL 33872**

Name  
**ANN E. CAINS**

Street Address (P.O. Box Number is Not Acceptable)

**3600 BLUEBERRY LANE**

City  
**SEBRING**

FL

Zip Code  
**33872**

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

*Ann E. Cains* **DIRECTOR**  
*Ann E. Cains* **TREASURER**

**2/9/07**

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**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
MILLER, MARY  
3601 BLUEBERRY LANE  
SEBRING, FL 33872** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
KLUTEY, STEVE  
3601 BLUEBERRY LANE  
SEBRING, FL 33872** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
MAHOONEY, LARRY  
3506 BLUEBERRY LANE  
SEBRING, FL 33872** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DAY, ROBERT  
3511 BLUEBERRY LANE  
SEBRING, FL 33872** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MILLER, JOSEPH  
3503 BLUEBERRY LANE  
SEBRING, FL 33872** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CAMPBELL, LESLIE  
3613 BLUEBERRY LANE  
SEBRING, FL 33872** ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
CAINS, ANN E.  
3600 BLUEBERRY LANE  
SEBRING FL 33872** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
CAINS, DONALD G.  
3600 BLUEBERRY LANE  
SEBRING FL 33872** ☒ Change ☐ Addition

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

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

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

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:**

*Ann E. Cains* **ANN E. CAINS** **DIRECTOR**  
*Ann E. Cains* **TREASURER**

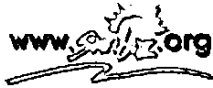
**2/9/07**

**(863) 471-2078**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



**ATTACHMENT**  
**40017183**  
**#N00000005924**  
**Division of Corporations**

## Annual Report

Annual Report Help

Document Number

**N00000005924**

Business Entity Name

**THUNDERBIRD HILL EAST HOMEOWNERS ASSOCIATION, INC.**

FEI Number	651048845		
FEI Number Status	Listed Above	Applied For	Not Applicable
Certificate of Status Desired	Yes	No	\$8.75 each
Election Campaign Financing Trust Fund Contribution	Yes	No	

### Principal Place of Business

Address **3600 BLUEBERRY LANE**

Suite, Apt. #, etc.

City, State **SEBRING**, FL

Zip Code & Country **33872**

### Mailing Address

Address **3600 BLUEBERRY LANE**

Suite, Apt. #, etc.

City, State **SEBRING**, FL

Zip Code & Country **33872**

### Name and Address of Registered Agent

Name (Last, First, Middle, Title) **Cains**, **Ann**, **Treas**

- OR -

Business to serve as RA

Address (PO Box is not acceptable) **3600 BLUEBERRY LANE**

Suite, Apt. #, etc.

City, State **SEBRING**, FL

Zip Code & Country **33872** US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

**ATTACHMENT**  
40011183  
#N000000005924

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

### Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

### Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title DS  
Name (Last, First, Middle, Title) MILLER, MARY, Sec

- OR -

Entity Name to serve as  
Officer/Director

Street Address 3503 BLUEBERRY LANE  
City, State SEBRING, FL  
Zip Code & Country 33872

Title DT  
Name (Last, First, Middle, Title) Cains, Ann,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 3600 BLUEBERRY LANE  
City, State SEBRING, FL  
Zip Code & Country 33872

Title DP  
Name (Last, First, Middle, Title) Cains, Don,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 3506 BLUEBERRY LANE  
City, State SEBRING, FL  
Zip Code & Country 33872

Title D

ATTACHMENT  
40017183  
#N000000005924

Name (Last, First, Middle, Title)

DAY

ROBERT

**- OR -**Entity Name to serve as  
Officer/Director

Street Address

3511 BLUEBERRY LANE

City, State

SEBRING

, FL

Zip Code &amp; Country

33872

Title

D

Name (Last, First, Middle, Title)

MILLER

JOSEPH

**- OR -**Entity Name to serve as  
Officer/Director

Street Address

3503 BLUEBERRY LANE

City, State

SEBRING

, FL

Zip Code &amp; Country

33872

Title

D

Name (Last, First, Middle, Title)

CAMPBELL

LESLIE

**- OR -**Entity Name to serve as  
Officer/Director

Street Address

3613 BLUEBERRY LANE

City, State

SEBRING

, FL

Zip Code &amp; Country

33872

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

DT

Officer/Director Signature Ann Cains



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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