

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

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000005924

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



Principal Place of Business
**3600 BLUEBERRY LANE
SEBRING, FL 33872**

Mailing Address
**3600 BLUEBERRY LANE
SEBRING, FL 33872**



01282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1048845	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

**CAINS, ANN E
3600 BLUEBERRY LANE
SEBRING, FL 33872**

**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 ANN E. CAINS, TREASURER Ann E Cains 1/28/08
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000809141
02/08/08-80010-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILLER, MARY 3601 BLUEBERRY LANE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CAINS, ANN E 3600 BLUEBERRY LN SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAINS, DONALD G 3600 BLUEBERRY LN SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY, ROBERT 3511 BLUEBERRY LANE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JOSEPH 3503 BLUEBERRY LANE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, LESLIE 3613 BLUEBERRY LANE SEBRING, FL 33872

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08
Date

863-471-2708
Daytime Phone #