# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 27, 2009**
**Secretary of State**

DOCUMENT# N00000005924

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

**Current Principal Place of Business:**

3600 BLUEBERRY LANE
SEBRING, FL 33872

**New Principal Place of Business:**

**Current Mailing Address:**

3600 BLUEBERRY LANE
SEBRING, FL 33872

**New Mailing Address:**

**FEI Number: 65-1048845** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete
Name: MILLER, MARY
Address: 3601 BLUEBERRY LANE
City-St-Zip: SEBRING, FL 33872

Title: DT ( ) Delete
Name: CAINS, ANN E
Address: 3600 BLUEBERRY LN
City-St-Zip: SEBRING, FL 33872

Title: DP ( ) Delete
Name: CAINS, DONALD G
Address: 3600 BLUEBERRY LN
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete
Name: DAY, ROBERT
Address: 3511 BLUEBERRY LANE
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete
Name: MILLER, JOSEPH
Address: 3503 BLUEBERRY LANE
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete
Name: CAMPBELL, LESLIE
Address: 3613 BLUEBERRY LANE
City-St-Zip: SEBRING, FL 33872

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DS (X) Change ( ) Addition
Name: MILLER, MARY
Address: 3503 BLUEBERRY LANE
City-St-Zip: SEBRING, FL 33872

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WALTER, RAY
Address: 3502 BLUEBERRY LANE
City-St-Zip: SEBRING, FL 33872

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN E. CAINS DT 01/27/2009

Electronic Signature of Signing Officer or Director — Date