

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90260 004 ****61.25

DOCUMENT # N00373

1. Entity Name
THORNBERRY PONDS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4701 DUHME RD
2D
MADEIRA BEACH, FL 33708 US**

Mailing Address
**10348 112 WAY
LARGO, FL 33778**

50000173



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2795254

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WOODARD, GERALD M
4701 DUHME ROAD, 2D
MADEIRA BEACH, FL 33708**

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Delete
NAME **CARROLL, LLOYD**
STREET ADDRESS **4633 DUHME RD #19**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33708**

TITLE **VP** ☒ Change ☒ Addition
NAME **PAUL TREXLER**
STREET ADDRESS **4633 DUHME RD #20**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33708**

TITLE **T** ☐ Delete
NAME **WOODARD, GERALD**
STREET ADDRESS **4701 DUHME RD #2D**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33708**

TITLE **T** ☒ Change ☐ Addition
NAME **NORMA GILMAUR**
STREET ADDRESS **4633 DUHME RD #1B**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33708**

TITLE **S** ☐ Delete
NAME **TERREL, FRANCES**
STREET ADDRESS **4701 DUHME RD #1B**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33708**

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

TITLE **P** ☐ Delete
NAME **MOLETTA, DIANE**
STREET ADDRESS **4701 DUHME RD #1A**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33708**

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

TITLE **D** ☐ Delete
NAME **MCDONALD, JAMES**
STREET ADDRESS **4633 DUHME ROAD**
CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE **17** ☒ Change ☐ Addition
NAME **JAMES CLEMENT**
STREET ADDRESS **17920 GULF BLVD. #1305**
CITY-ST-ZIP **REDINGTON SHORES, FL 33708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Paul Trexler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07

Date

17274425050

Daytime Phone #