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4. FEI Number 59-2795254		Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DOCUMENT # N00373				01-11-2008 90057 024 ****61.25	
1. Entity Name THORNBERRY PONDS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			
4701 DUHME RD 2D MADEIRA BEACH, FL 33708 US		10348 112 WAY LARGO, FL 33778			
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		
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 _____ DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREXLER, PAUL		NAME	NORMA GILMOUR	
STREET ADDRESS	4638 DVHME RD #2D		STREET ADDRESS	4633 DUHME RD. # 1B	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	ST. PETERSBURG, FL 33708	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	LINDA CASTELLANO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODARD, GERALD		NAME	LINDA CASTELLANO	
STREET ADDRESS	4633 DVHME RD #1B		STREET ADDRESS	4611 DUHME RD # 1C	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	ST. PETERSBURG, FL 33708	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERREL, FRANCES		NAME	CONNIE BERTSCH	
STREET ADDRESS	4701 DUHME RD #1B		STREET ADDRESS	4611 DUHME RD. # 1A	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	ST PETERSBURG, FL 33708	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLETTA, DIANE		NAME		
STREET ADDRESS	4701 DUHME RD #1A		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONALD, JAMES		NAME	STEVE TIMLIN	
STREET ADDRESS	17920 GULF BLVD # 1305		STREET ADDRESS	4611 DUHME RD # 1B	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	ST. PETERSBURG, FL 33708	
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: ✓ *Gerald M Woodard* *11-8-08* ✓ *8732-637*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #