2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N00373

Entity Name: THORNBERRY PONDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4701 DUHME RD
2D
MADEIRA BEACH, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

10348 112 WAY
LARGO, FL 33778

New Mailing Address:

FEI Number: 59-2795254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODARD, GERALD M
4701 DUHME ROAD, 2D
MADEIRA BEACH, FL 33708 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: VP ( ) Delete
Name: GILMOUR, NORMA
Address: 4633 DUHME RD # 1B
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: T ( ) Delete
Name: CASTELLANO, LINDA
Address: 4611 DUHME RD #1C
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: S ( ) Delete
Name: BERTSCH, CONNIE
Address: 4611 DUHME RD #1A
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: P ( ) Delete
Name: MOLETTO, DIANE
Address: 4701 DUHME RD #1A
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: D ( ) Delete
Name: TIMLIN, STEVE
Address: 4611 DUHME RD #1B
City-St-Zip: SAINT PETERSBURG, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change ( ) Addition
Name: GILMOUR, NORMA
Address: 4633 DUHME RD # 1B
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: DIR (X) Change ( ) Addition
Name: CASTELLANO, LINDA
Address: 4611 DUHME RD #1C
City-St-Zip: SAINT PETERSBURG, FL 33708

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

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

Title: VP (X) Change ( ) Addition
Name: PAUL, TREXLER
Address: 4633 DUHME RD #2D
City-St-Zip: SAINT PETERSBURG, FL 33708

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: ROBERT J JOSEPH ACCT 01/05/2009

Electronic Signature of Signing Officer or Director Date