

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00373

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**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: TREA  
Name: GILMOUR, NORMA  
Address: 4633 DUHME RD # 1B  
City-St-Zip: SAINT PETERSBURG, FL 33708

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: NORMA GILMORE

TREA

01/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date