

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90153 049 ****61.25

DOCUMENT # N01000003839	
1. Entity Name TILDENS GROVE COMMUNITY ASSOCIATION, INC.	

Principal Place of Business % COMMUNITY MGMT PRFSSNLS INC. 5401 KIRKMAN RD. STE 450 ORLANDO, FL 32819	Mailing Address % COMMUNITY MGMT PRFSSNLS INC. 5401 KIRKMAN RD. STE 450 ORLANDO, FL 32819
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50024152



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02072005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3723228		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROFESSIONALS INC. 5401 KIRKMAN RD., STE 450 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2005**

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 NAME STREET ADDRESS CITY - ST - ZIP	PD SHOEMAKER, JOHN B 4432 PARKWAY COMMERCE BOULEVARD ORLANDO, FL 32808-32801 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 61 West Colonial Drive
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHEN, ODED 4432 PARKWAY COMMERCE BOULEVARD ORLANDO, FL 32808-32801 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 61 West Colonial Drive
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

3-4-05 (407) 294-7931