

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09082005 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

7. Name and Address of New Registered Agent

COMMUNITY MANAGEMENT PROFESSIONALS INC.
5401 KIRKMAN RD., STE 450
ORLANDO, FL 32819

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

Amended AR is \$61.25

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 PD
NAME SHOEMAKER, JOHN B ☒ Delete
STREET ADDRESS 61 WEST COLONIAL DRIVE
CITY-ST-ZIP ORLANDO, FL 32801

TITLE President ☒ Change ☐ Addition
NAME Don DeCarlo
STREET ADDRESS 5113 Tildens Grove Blvd.
CITY-ST-ZIP Windermere, FL 34786

TITLE D ☒ Delete
NAME COHEN, ODED
STREET ADDRESS 61 WEST COLONIAL DRIVE
CITY-ST-ZIP ORLANDO, FL 32801

TITLE Vice. President ☒ Change ☐ Addition
NAME Jeannie Baker
STREET ADDRESS 5045 Tildens Grove Blvd
CITY-ST-ZIP Windermere, FL 34786

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Sec/Treas. ☒ Change ☐ Addition
NAME David Guernsey
STREET ADDRESS 12739 Jacobs Grace Ct.
CITY-ST-ZIP Windermere, FL 34786

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 200059957642 ☐ Change ☐ Addition
NAME
STREET ADDRESS 09/26/05--01058--003 *\$61.25
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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 #

9-21-05 407-903-9969

9/22/05