

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007676

FILED
Feb 13, 2009
Secretary of State

Entity Name: THOMSON VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-1158947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, JOHN
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 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: LEONE, BRIAN
Address: 2347 THOMSON WAY
City-St-Zip: WELLINGTON, FL 33414

Title: ST () Delete
Name: DAVIES, MATTHEW
Address: 9607 SHEPARD PLACE
City-St-Zip: WELLINGTON, FL 33414

Title: P () Delete
Name: LEMONS, RONALD
Address: 9534 SHEPARD PLACE
City-St-Zip: WELLINGTON, FL 33414

Title: TD (X) Delete
Name: LEMONS, RONALD L
Address: 9534 SHEPARD PLACE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/T (X) Change () Addition
Name: DAVIES, MATTHEW
Address: 9607 SHEPARD PLACE
City-St-Zip: WELLINGTON, FL 33414

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

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

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: RONALD LEMONS

PRES

02/13/2009

Electronic Signature of Signing Officer or Director

Date