2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 08:00 A
Secretary of State

DOCUMENT # N02000000342

1. Entity Name
FLORIDA TRADITIONS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4015 PIPELINE ROAD PANAMA CITY, FL 32404 US	P.O. BOX 1427 LYNN HAVEN, FL 32444

DO NOT WRITE IN THIS SPACE

03282008 No Chg-NP   CR2E037 (4/06)

4. FEI Number 56-2442502	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUMLEY, THOMAS H
4015 PIPELINE ROAD
PANAMA CITY, FL 32404

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000886663
04/18/08-80067-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	
TITLE	
NAME	LUMLEY, THOMAS H
STREET ADDRESS	P.O. BOX 1427
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	S
NAME	LUMLEY, GINGER M
STREET ADDRESS	P.O. BOX 1427
CITY-ST-ZIP	LYNN HAVEN, FL 32444

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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_____   4-4-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #