

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007470

FILED
Mar 31, 2008
Secretary of State

Entity Name: TRADD'S LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 54-2074647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: ISBELL, LEE
Address: 5217 CAPE HATTERAS DR
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: BENNETT, CINDY
Address: 15605 GRAYS HARBOR WAY
City-St-Zip: CLERMONT, FL 34711

Title: STD () Delete
Name: SUTTON, PHYLLIS
Address: 5437 CAPE HATTERAS DR
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete
Name: ACQUISTA, SAL
Address: 5316 CAPE HATTERAS DR
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete
Name: SINKER, GEOFFREY
Address: 5413 CAPE HATTERAS DR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FORYAN, NANCY
Address: 5222 CAPE HATTERAS DR
City-St-Zip: CLERMONT, FL 34711

Title: VPD (X) Change () Addition
Name: ALLEN, ROY
Address: 15604 GRAYS HARBOR WAY
City-St-Zip: CLERMONT, FL 34711

Title: STD (X) Change () Addition
Name: AITBOUKIL, ABDUL
Address: 5409 CAPE HATTERAS DR
City-St-Zip: CLERMONT, FL 34711

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: NANCY FORYAN

PD

03/31/2008

Electronic Signature of Signing Officer or Director

Date