

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001753

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** TRADITIONAL TOWNHOMES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4131 GUNN HIGHWAY  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

4131 GUNN HIGHWAY  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 02-0680840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

APPLETON, ERIC  
BUSH, ROSS, P.A.  
1801 N. HIGHLAND AVENUE  
TAMPA, FL 33602 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: NELSON, KAREN  
Address: 10029 BENTLEY WAY  
City-St-Zip: TAMPA, FL 33626

Title: VDSD ( ) Delete  
Name: STOCKS, BARBARA  
Address: 9506 HARPENDAR WAY  
City-St-Zip: TAMPA, FL 33626

Title: STD ( ) Delete  
Name: NELSON, KAREN M  
Address: 10029 BENTLEY WAY  
City-St-Zip: TAMPA, FL 33624

Title: TD ( ) Delete  
Name: WASHINGTON, LEONARD  
Address: 10021 BRADWELL  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: NELSON, KAREN  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: VPS (X) Change ( ) Addition  
Name: STOCKS, BARBARA  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: T (X) Change ( ) Addition  
Name: GITNEY, NICOLE  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: TD (X) Change ( ) Addition  
Name: WASHINGTON, LEONARD  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

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: BARBARA STOCKS

VPS

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date