

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90006 021 \*\*\*\*61.25

**DOCUMENT # N03000003544**

1. Entity Name

THOMAS TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5022 W. LANCASTER STREET  
TAMPA FL 33616

5022 W. LANCASTER STREET  
TAMPA FL 33616



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Sterling Management Services  
2870 Scherer Drive N., Suite 100  
St. Petersburg, FL 33716

Sterling Management Services  
2870 Scherer Drive N., Suite 100  
St. Petersburg, FL 33716

1st MOORE CR2E037 (10/06)

City & State

City & State

4. FEI Number

20-0804804

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ZUMBAUGH, RICHARD  
5022 LANCASTER ST W  
TAMPA FL 33616

5010 W. LANCASTER ST.

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

FILE NOW: FEES: \$61.25  
Due By May 1, 2007

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

TITLE PRES  
NAME ZUMBAUGH, RICHARD  
STREET ADDRESS 5022 W. LANCASTER STREET  
CITY-ST-ZIP TAMPA FL 33616 ☐ Delete

TITLE VP  
NAME FAHRINGER, KURT  
STREET ADDRESS 5022 W. LANCASTER STREET  
CITY-ST-ZIP TAMPA FL 33616 ☐ Delete

TITLE TREA  
NAME MORRISON, CHRISTINE  
STREET ADDRESS 5022 W. LANCASTER STREET  
CITY-ST-ZIP TAMPA FL 33616 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

*[Signature]*

2/23/07 (813) 376-9794