

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90027 023 ****61.25

DOCUMENT # N03000003544					
1. Entity Name THOMAS TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O STERLING MGMT. SERVICES 2870 SCHERER DR. N., STE 100 TAMPA, FL 33616			Mailing Address C/O STERLING MGMT. SERVICES 2870 SCHERER DR. N., STE 100 TAMPA, FL 33616		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0804804	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZUMBAUGH, RICHARD 5010 W. LANCASTER ST. TAMPA, FL 33616			7. Name and Address of New Registered Agent Name: <u>Brudny and Rabin, P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>200 N. Pine Avenue</u> City: <u>Oldsmar</u> FL Zip Code: <u>34677</u>		
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: <u>Michael J. Brudny, Michael J. Brudny for Brudny & Rabin, P.A.</u> 1/26/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ZUMBAUGH, RICHARD D RICHARD 5022 W. LANCASTER STREET TAMPA, FL 33616	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAHRINGER, KURT 5022 W. LANCASTER STREET TAMPA, FL 33616	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MORRISON, CHRISTINE 5022 W. LANCASTER STREET TAMPA, FL 33616	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Richard D. Zumbaugh</u> RICHARD D. ZUMBAUGH 1/16/08 813-376-9794 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> PRESIDENT					