

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000000550

1. Entity Name
USS TACONIC ASSOCIATION, INC.



Principal Place of Business
9415 NEW ORLEANS DR
WEEKI WACHEE, FL 34613

Mailing Address
9415 NEW ORLEANS DR
WEEKI WACHEE, FL 34613

DO NOT WRITE IN THIS SPACE



01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3209967

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRILLINGER, ALLAN
9415 NEW ORLEANS DR
WEEKI WACHEE, FL 34613

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IN THIS SPACE**

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 resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIEMEYER, CHARLES 14238 SPANISH WELLS DR HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, RAY 836 WATER RIDGE DR DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRILLINGER, ALLAN 9415 NEW ORLEANS DR WEEKI WACHEE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASSELIN, DAVE 160 WOODMILL BLVD COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS, FRANK 105 GORSUCH RD TIMONIUMA, MD 21093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000581505
01/10/07-80090-018 70.00

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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: Allan Brillinger ALLAN BRILLINGER 1-8-07 352-597-9946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #