
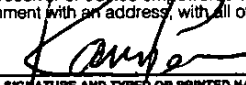


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90006 004 ****61.25

DOCUMENT # N04000008067 1. Entity Name TUDOR GROVE AT TIMBER SPRINGS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 8009 S. ORANGE AVE. ORLANDO, FL 32809-6711			Mailing Address 8009 S. ORANGE AVE. ORLANDO, FL 32809-6711		
2. Principal Place of Business - No P.O. Box # 1750 W. Broadway St.		3. Mailing Address PO Box 1620368			
Suite, Apt. #, etc. Suite # 220		Suite, Apt. #, etc. 			
City & State Oviedo, FL		City & State Oviedo, FL			
Zip 32765		Country USA		Zip 32762	
Country USA		4. FEI Number 20-2631781			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LELAND MANAGEMENT 8009 SOUTH ORANGE AVE ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name Kevin Davis Street Address (P.O. Box Number is Not Acceptable) 1750 W. Broadway St. Suite # 220 City Oviedo FL Zip Code 32765		
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 _____ <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	PD PEARSON, KARL 309 TIMBER GROVE COURT ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Becky Bangert 16331 Tudor Lake Ct Orlando, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STACK, JOHN 120 FAIRWAY WOODS BOULEVARD ORLANDO, FL 32824	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DIAZ PAGAN, MARIA 351 TIMBER GROVE COURT ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			3/7/08 407.509.6568 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					