

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

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000009083**

1. Entity Name  
**TENNESSEE COMMONS HOMEOWNERS ASSOCIATION,  
INC.**



Principal Place of Business  
**1034 S TENNESSEE AVE  
LAKELAND, FL 33803**

Mailing Address  
**1034 S TENNESSEE AVE  
LAKELAND, FL 33803**



01102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1675523</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**MUNSON, PETER J  
1501 S FLORIDA AVE  
LAKELAND, FL 33803**

**DO NOT WRITE  
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 PETER J. MUNSON DATE 1-10-08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BANNING, CASSANDRA
STREET ADDRESS	2506 CLUBHOUSE DRIVE
CITY-ST-ZIP	PLANT CITY, FL 33566

TITLE	S
NAME	CHRISTIAN, LAUREN
STREET ADDRESS	1036 S. TENNESSEE AVENUE
CITY-ST-ZIP	LAKELAND, FL 33803

TITLE	T
NAME	CROVETTO, KRISTEN
STREET ADDRESS	1034 S TENNESSEE AVE
CITY-ST-ZIP	LAKELAND, FL 33803

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
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CITY-ST-ZIP	

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01/16/08-80069-008 70.00

**DO NOT WRITE  
IN THIS SPACE**

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: KRISTEN CROVETTO Kristen Crovetto 1-10-08 (23) 688-5670  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #