


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90266 002 \*\*\*\*61.25

<b>DOCUMENT # N04000009311</b> 1. Entity Name <b>TIERRA DEL SOL HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>4904 EISENHOWER BLVD., SUITE 150 TAMPA, FL 33634</b>			Mailing Address <b>4904 EISENHOWER BLVD., SUITE 150 TAMPA, FL 33634</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MEZER, STEVEN H 220 S. FRANKLIN STREET TAMPA, FL 33602</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, THERESA LYNN			NAME	
STREET ADDRESS	4904 EISENHOWER BLVD., SUITE 150			STREET ADDRESS	
CITY- ST- ZIP	TAMPA, FL 33634			CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURBEVILLE, LISA			NAME	
STREET ADDRESS	4904 EISENHOWER BLVD., SUITE 150			STREET ADDRESS	
CITY- ST- ZIP	TAMPA, FL 33634			CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, LEE R			NAME	
STREET ADDRESS	4904 EISENHOWER BLVD., SUITE 150			STREET ADDRESS	
CITY- ST- ZIP	TAMPA, FL 33634			CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Lee R. Thompson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>4-20-05</i> <small>Date</small>	
				Daytime Phone #: <i>813 290-7900</i> <small>Daytime Phone #</small>	