

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90065 023 ****61.25

DOCUMENT # N05000009501

1. Entity Name
THUNDER RANCH PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**1329 SW SOUTH MACEDO BLVD
 PORT ST LUCIE, FL 34983**

Mailing Address
**1329 SW SOUTH MACEDO BLVD
 PORT ST LUCIE, FL 34983**

2. Principal Place of Business - No P.O. Box #
1364 Sw Bayshore Blvd

3. Mailing Address
1364 Sw Bayshore Blvd

Suite, Apt. #, etc.

City & State
Port St. Lucie FL

City & State
Port St Lucie FL

Zip Country
34983 St. Lucie

Zip Country
34983 St. Lucie

40006154



01232007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2432319

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, ROBERT D
 954 EAST SILVER SPRINGS BLVD SUITE 101
 Ocala, FL 34470**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 reinstating)

Signature, typed or printed name of registered agent and title if applicable 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

Make check payable to Florida Department of State

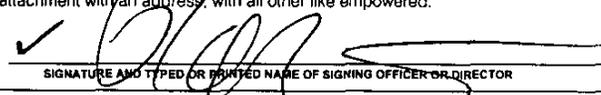
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WINN, ROGER 1329 SW SOUTH MACEDO BLVD PORT ST LUCIE, FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WINN, RONALD P 1329 SW SOUTH MACEDO BLVD PORT ST LUCIE, FL 34983	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #