

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90183 048 ****61.25

| | | | | | |
|---|--|--|---|--|--|
| DOCUMENT # N05000011294 | | | | | |
| 1. Entity Name TYSON GREEN CONDOMINIUMS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2611-B WEST 23RD ST PANAMA CITY, FL 32405-2394 | | | Mailing Address 2611-B WEST 23RD ST PANAMA CITY, FL 32405-2394 | | |
| 2. Principal Place of Business - No P.O. Box # 7113 Beech Ridge Trl Suite, Apt. #, etc. <u>Suite 1</u> | | 3. Mailing Address 7113 Beech Ridge Trl Suite, Apt. #, etc. <u>Suite 1</u> | | 40085260 | |
| City & State TALLAHASSEE, FL | | City & State TALLAHASSEE, FL | | 4. FEI Number 30- 18906704 | |
| Zip 32312 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JENKINS, ERIC A 2611-B WEST 23RD ST PANAMA CITY, FL 32405-2394 | | | 7. Name and Address of New Registered Agent Name <u>MARIE CODY</u> Street Address (P.O. Box Number is Not Acceptable) <u>7113 Beech Ridge Trl, Ste 1</u> City <u>TALLAHASSEE</u> FL Zip Code <u>32312</u> | | |
| 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 <u>[Signature]</u> DATE <u>3/20/07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | | | | | |
| TITLE | PD JENKINS, ERIC A <input type="checkbox"/> Delete STREET ADDRESS <u>1701 TENN. AVE</u> CITY-ST-ZIP <u>2611-B WEST 23RD ST # 100</u> <u>PANAMA CITY, FL 324052394 LYNN HAVEN, FL 32444</u> | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | VD BARRETT, GARY A <input type="checkbox"/> Delete STREET ADDRESS <u>1701 TENN. AVE</u> CITY-ST-ZIP <u>2611-B WEST 23RD ST</u> <u>PANAMA CITY, FL 324052394 LYNN HAVEN, FL 32444</u> | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | SD MORTENSEN, KEITH D <input type="checkbox"/> Delete STREET ADDRESS <u>1701 TENN. AVE</u> CITY-ST-ZIP <u>2611-B WEST 23RD ST</u> <u>PANAMA CITY, FL 324052394 LYNN HAVEN, FL 32444</u> | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | TD NORTON, JANICE <input type="checkbox"/> Delete STREET ADDRESS <u>1701 TENN. AVE</u> CITY-ST-ZIP <u>2611-B WEST 23RD ST</u> <u>PANAMA CITY, FL 324052394 LYNN HAVEN, FL 32444</u> | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
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| 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 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 <u>[Signature]</u> DATE <u>3/20/07</u> DAYTIME PHONE # <u>894-1919</u> | |