2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011294

FILED Apr 21, 2009 Secretary of State

Entity Name: TYSON GREEN CONDOMINIUMS ASSOCIATION, INC.

urrent Pr	rincipal Place	of Business:	New Principal Plac	e of Business:
607 VILLA	AGE SQ. BLVD)		
TE 8 Aliahas	SSEE, FL 3230	na		
urrent M	ailing Addres	ss:	New Mailing Addre	ess:
	AGE SQ. BLVD)		
TE 8 ALLAHAS	SSEE, FL 3230	09		
El Number:	26-0175976	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
ALLAHAS	SSEE, FL 3230	09 US		
	named entity s of Florida.	submits this statement for th	ne purpose of changing its register	red office or registered agent, or bot
the State	e of Florida.	submits this statement for th	ne purpose of changing its register	red office or registered agent, or bot
the State	e of Florida. É	submits this statement for the		red office or registered agent, or bot Date
the State	e of Florida. É	ic Signature of Registered	Agent	
the State	e of Florida. RE: Electron S AND DIREC PD () JENKINS, ERIC	nic Signature of Registered A TORS: Delete A SEE AVE. STE 100	Agent	Date
the State IGNATUR FFICERS tte: ame: ddress:	E of Florida. RE: Electron S AND DIREC PD () JENKINS, ERIC 1701 TENNESS LYNN HAVEN, F VD () BARRETT, GAR	TORS: Delete SEE AVE. STE 100 Delete RY A SEE AVE. STE 100	Agent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECT
the State GNATUR FFICERS le: ime: idress: ty-St-Zip: le: ime: idress:	e of Florida. RE: Electron S AND DIREC PD () JENKINS, ERIC 1701 TENNESS LYNN HAVEN, F VD () BARRETT, GAR 1701 TENNESS LYNN HAVEN, F SD () MORTENSEN, F	TORS: Delete CA SEE AVE. STE 100 FL 32444 Delete RY A SEE AVE. STE 100 FL 32444 Delete RY A Delete RY A Delete RY A Delete RE AVE. STE 100 FL 32444	Agent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECT () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE EDDY MGR 04/21/2009