

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 24 AM 8: 03

DOCUMENT # N06000003794

1. Entity Name  
THE TENNYSON OWNERS' ASSOCIATION, INC.



Principal Place of Business  
200 WEST COLLEGE AVENUE  
TALLAHASSEE, FL 32301

Mailing Address  
200 WEST COLLEGE AVENUE  
TALLAHASSEE, FL 32301

2. Principal Place of Business - No P.O. Box #  
644 CAPITAL Circle NE  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box ~~13089~~ 13089  
Suite, Apt. #, etc.



03182008 Chg-NP CR2E037 (12/06)

City & State  
Tallahassee FL  
Zip  
32301 Country

City & State  
Tallahassee FL  
Zip  
32317 Country

4. FEI Number  
20-4983263  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

THE ALAI GROUP, INC.  
200 WEST COLLEGE AVENUE  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

Name Robert S Rhinehart  
Street Address (P.O. Box Number is Not Acceptable)  
644 CAPITAL CIRCLE NE  
City Tallahassee FL Zip Code 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/08

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

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 DP  
NAME BEDWELL, GORDON  
STREET ADDRESS 1545 BAYTOWNE AVE, NORTH  
CITY-ST-ZIP MIRAMAR BEACH, FL 32550 ☐ Delete

TITLE DVP  
NAME WILLIAMS, CRISTINA F  
STREET ADDRESS 121 N. MONROE ST, UNIT 1210  
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Delete

TITLE DT  
NAME LIMBURG, ANDREW  
STREET ADDRESS 121 N. MONROE ST, UNIT 7006  
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Delete

TITLE DS  
NAME SIMON, ELLEN  
STREET ADDRESS 121 N. MONROE ST, BOX 84  
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Delete

TITLE D  
NAME WRIGHT, RICHARD  
STREET ADDRESS 9001 GOLF LINKS ROAD  
CITY-ST-ZIP OAKLAND, CA 94605 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 #

3/21/08