
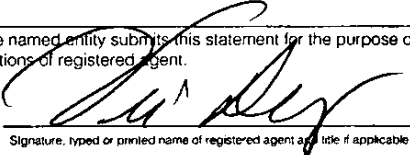
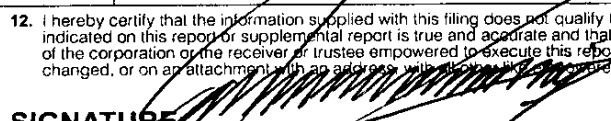


**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

40047073

<b>DOCUMENT # N06000004602</b>		04-02-2007 90090 046 ****61.25	
1. Entity Name <b>TRADITION TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>2893 BIG SKY BLVD. KISSIMMEE, FL 34744</b>		Mailing Address <b>2893 BIG SKY BLVD. KISSIMMEE, FL 34744</b>	
2. Principal Place of Business - No P.O. Box # <b>2884 S. Osceola Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>2884 S. Osceola Ave</b> Suite, Apt. #, etc.	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32806</b>		Zip <b>32806</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>SHEPARD, CLIFFORD B. 221 NE IVANHOE BLVD., STE. 205 ORLANDO, FL 32804</b>		7. Name and Address of New Registered Agent Name <b>World of Homes</b> Street Address (P.O. Box Number is Not Acceptable) <b>2884 S. Osceola Ave.</b> City <b>Orlando</b> FL Zip Code <b>32806</b>	
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  <b>Clifford B. Shepard</b> (NOTE: Registered Agent signature required when reappointing) DATE <b>3-23-07</b>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST QUINN, DANNY 2893 BIG SKY BLVD. KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Quinn, Danny 3120 Communications Road St. Cloud, FL 34769 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUINN, CONNIE 2893 BIG SKY BLVD. KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 which I am associated.			
SIGNATURE 		Date <b>3/27/07</b> Daytime Phone # <b>407-957-5222</b>	