

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09136

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** TALLYWOOD CENTRE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4343 HIDDEN RIVER RD  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

4343 HIDDEN RIVER RD  
SARASOTA, FL 34240

**New Mailing Address:**

**FEI Number:** 59-2683916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DELANCEY, MERTON  
1942 COVE POINTE DRIVE  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

WILLIS MANAGEMENT CORP  
4343 HIDDEN RIVER RD  
SARASOTA, FL 34240 US

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.

SIGNATURE: KEITH W COWDEN

03/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DELANCEY, MERTON M  
Address: 1942 COVE POINTE DR  
City-St-Zip: VENICE, FL 34293

Title: VP (X) Delete  
Name: COBLE RICHARD,  
Address: 5511 ANTOINETTE ST  
City-St-Zip: SARASOTA, FL 34231

Title: S ( ) Delete  
Name: DELANCEY, GWEN,  
Address: 1942 COVE POINTE DRIVE  
City-St-Zip: VENICE, FL 34293

Title: T ( ) Delete  
Name: RIDER, STEVE,  
Address: PO BOX 15166 N/A  
City-St-Zip: SARASOTA, FL 34277

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: COBLE, RICHARD  
Address: 5511 ANTOINETTE ST  
City-St-Zip: SARASOTA, FL 34232

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICHARD COBLE

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date