


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90046 025 ****61.25

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # N09966 1. Entity Name THERESA ARBOR PROPERTY OWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 9748 N. 56TH STREET P. O. BOX 291099 TEMPLE TERRACE, FL 33617 | | | Mailing Address 9748 N. 56TH STREET P. O. BOX 291099 TEMPLE TERRACE, FL 33617 | | |
| 2. Principal Place of Business - No P.O. Box # 9748 N 56th St | | 3. Mailing Address Same | | | |
| Suite, Apt. #, etc. P.O. Box 291099 | | Suite, Apt. #, etc. Same | | | |
| City & State Temple Terrace, FL | | City & State Same | | 4. FEI Number 59-2689717 | |
| Zip 33687 | | Country USA | | Zip Same | |
| Country USA | | Country Same | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LEMAR, DAVID JR C/O HANNA, LEMAR & MORRIS 6508 E FOWLER AVE TAMPA, FL 33617 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| Filing Fee is \$61.25 Due by September 14, 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> Delete EVANS, HAM 11506 LOUVRE PL TEMPLE TERRACE, FL 33617 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> Delete DECARMINE, PAT 6302 N QUEENSWAY TEMPLE TERRACE, FL 33617 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input checked="" type="checkbox"/> Delete BUFFINGTON, DAN 6406 S QUEENSWAY TEMPLE TERRACE, FL 33617 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MIGUEL MUNOZ 11404 E QUEENSWAY TEMPLE TERRACE 33617 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input checked="" type="checkbox"/> Delete MAMEL, JAY 6318 S QUEENSWAY TAMPA, FL 33617 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vickie Ball 6326 N Queensway Temple Terrace FL 33617 | |
| 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 all other like empowered. | | | | | |
| SIGNATURE: Patricia De Carmine Patricia DeCarmine | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date 6/28/07 Daytime Phone # 813627-4830 | |