


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90163 043 \*\*\*\*70.00

<b>DOCUMENT # N09966</b> 1. Entity Name <b>THERESA ARBOR PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>9748 N. 56TH STREET P. O. BOX 291099 TEMPLE TERRACE, FL 33617</b>			Mailing Address <b>9748 N. 56TH STREET P. O. BOX 291099 TEMPLE TERRACE, FL 33617</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>59-2689717</b>	
City & State  Zip		City & State  Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEMAR, DAVID JR C/O HANNA, LEMAR &amp; MORRIS 6508 E FOWLER AVE TAMPA, FL 33617</b>				7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> Zip Code:	
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) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<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	<b>D</b> <b>EVANS, HAM</b> <b>11506 LOUVRE PL</b> <b>TEMPLE TERRACE, FL 33617</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARY ROSS</b> <b>11501 NORVAL PL</b> <b>TEMPLE TERRACE FL 33617</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DECARMINE, PAT</b> <b>6302 N QUEENSWAY</b> <b>TEMPLE TERRACE, FL 33617</b>	<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	<b>D</b> <b>MUNOZ, NIQUEL</b> <b>11404 E. QUEENSWAY</b> <b>TEMPLE TERRACE, FL 33617</b>	<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	<b>D</b> <b>BALL, VICKIE</b> <b>6326 N. QUEENWAY</b> <b>TAMPA, FL 33617</b>	<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	<b>D</b> <b>JANICE SINARDI</b> <b>11504 Gibraltar PL</b> <b>TEMPLE TERRACE FL 33617</b>	<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	<b>D</b> <b>FRANK MARTIN</b> <b>11404 LOUVRE PL</b> <b>TEMPLE TERRACE, FL 33617</b>	<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.					
<b>SIGNATURE: <u>Patricia DeCarmine</u> Pat DeCarmine 4/22/08 813 914 8457</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					