

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09966

FILED
Apr 28, 2009
Secretary of State

Entity Name: THERESA ARBOR PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

9748 N. 56TH STREET
P. O. BOX 291099
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

9748 N. 56TH STREET
P. O. BOX 291099
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 59-2689717 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEMAR, DAVID JR
C/O HANNA, LEMAR & MORRIS
6508 E FOWLER AVE
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EVANS, HAM
Address: 11501 NARVAL PL
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D () Delete
Name: DECARMINE, PAT
Address: 6302 N QUEENSWAY
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D () Delete
Name: MUNOZ, NIQUEL
Address: 11404 E. QUEENSWAY
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D () Delete
Name: SINARDI, JANICE
Address: 11504 GIBALTAR PL
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D (X) Delete
Name: MARTIN, FRANK
Address: 11404 LOURVE PL
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SINARDI, JANICE
Address: 11504 GIBALTER
City-St-Zip: TEMPLE TERRACE, FL 33617

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

Title: D (X) Change () Addition
Name: MARTIN, FRANK
Address: 11404 LOUVRE PL
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D (X) Change () Addition
Name: GIVINS, ANNE
Address: 11501 MOFFAT PL
City-St-Zip: TEMPLE TERRACE, FL 33617

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: PAT DECARMINE

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date