

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90019 014 \*\*\*\*61.25

**DOCUMENT # N22272**  
 1. Entity Name  
 TSALA GARDENS COMMUNITY CLUB, INC.



Principal Place of Business  
 1770 S SPIVEY TERRACE  
 INVERNESS, FL 34450 US

Mailing Address  
 2009 S MOORING DR  
 INVERNESS, FL 34450 US



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 7485 E SHORE DR  
 Suite, Apt. #, etc.

City & State  
 INVERNESS FL

Zip Country  
 34450 US

03142005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-1961774 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LAMBERT, ELEANOR S  
 2009 S MOORING DR  
 INVERNESS, FL

7. Name and Address of New Registered Agent  
 Name  
 JERRY L GRISSEN  
 Street Address (P.O. Box Number is Not Acceptable)  
 7485 E SHORE DR  
 City INVERNESS FL Zip Code 34450

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 Jerry L Grissen DATE 3/14/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.  \$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	P KYLIS, RHODA A 1825 S MANDARIN TER INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEBBIE WEBSTER 2000 S MOORING DR INVERNESS FL 34450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMBERT, WILLIAM E 2009 S MOORING INVERNESS, FL 34450 <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	SD LINCOLN, BARBARA 2150 S LAKE SPIVEY INVERNESS, FL 34450 <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	T LAMBERT, ELEANOR S 2009 S MOORING DR INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JERRY L GRISSEN 7485 E SHORE DR INVERNESS FL 34450 <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: Jerry L Grissen DATE 3/14/05 DAYTIME PHONE # 352-344-3597  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR