


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 08:00 AM
Secretary of State


DOCUMENT # N22272

1. Entity Name
 TSALA GARDENS COMMUNITY CLUB, INC.



Principal Place of Business 1770 S SPIVEY TERRACE INVERNESS, FL 34450 US	Mailing Address 7485 E SHORE DR INVERNESS, FL 34450 US
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03022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1961774	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRISSEN, JERRY L
 7485 E SHORE DR
 INVERNESS, FL 34450

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEITH, DAVID 7416 E. SHORE DR INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMBERT, WILLIAM E 2009 S MOORING INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINCOLN, BARBARA 2150 S LAKE SPIVEY INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRISSEN, JERRY 7435 E SHORE DR INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/14/07-80066-003 70.00

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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: Jerry L Grissen **JERRY L GRISSEN** 3/2/07 352-344-3597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #