

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28163

FILED
Apr 12, 2007
Secretary of State

Entity Name: TROPICAL MANOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7436 FLORAL CIRCLE EAST
LAKELAND, FL 338102191 US

New Principal Place of Business:

Current Mailing Address:

7436 FLORAL CIRCLE EAST
LAKELAND, FL 338102191 US

New Mailing Address:

FEI Number: 59-2818302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDSTROM, DAVID
7436 FLORAL CIRCLE EAST
LAKELAND, FL 338102191 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: P () Delete
Name: JACKSON, TODD
Address: 7444 FLORAL CIRCLE
City-St-Zip: LAKELAND, FL 33810

Title: VP () Delete
Name: TVRDIK, ADAM
Address: 7415 FLORAL CIRCLE WEST
City-St-Zip: LAKELAND, FL 33810

Title: S () Delete
Name: THOMAS, WENDY
Address: 7504 FLORAL CIRCLE EAST
City-St-Zip: LAKELAND, FL 33810

Title: T () Delete
Name: LINDSTROM, DAVID
Address: 7436 FLORAL CIRCLE EAST
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID LINDSTROM

T

04/12/2007

Electronic Signature of Signing Officer or Director

Date