

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36192

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: TRANQUILITY COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

% ALRRY ADKINS  
206 TRANQUILITY COVE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

206 TRANQUILITY COVE  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

% ALRRY ADKINS  
206 TRANQUILITY COVE  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

206 TRANQUILITY COVE  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-3084651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOLING, ANNA  
205 TRANQUILITY COVE  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

ADKINS, LARRY  
206 TRANQUILITY COVE  
ALTAMONTE SPRINGS, FL 32701 US

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: LARRY G ADKINS

04/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: BOLING, RODERIC  
Address: 121 STAG RIDGE COURT  
City-St-Zip: LONGWOOD, FL 32779

Title: ST (X) Delete  
Name: BOLING, ANNA  
Address: 205 TRANQUILITY COVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: PD (X) Delete  
Name: ADKINS, LARRY  
Address: 206 TRANQUILITY COVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: O/D (X) Change ( ) Addition  
Name: ADKINS, LARRY G  
Address: 206 TRANQUILITY COVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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 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: LARRY G. ADKINS

O/D

04/26/2009

Electronic Signature of Signing Officer or Director

Date