

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90023 019 ****61.25

DOCUMENT # N38125
 1. Entity Name
TOBACCO ROAD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 P.O. BOX 964 P.O. BOX 964
 HAVANA FL 32333 HAVANA FL 32333
 US US

00005219



1st MOORE CR2E037 (10/05)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2136699** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BASS, WANETA
208 TOBACCO RD
HAVANA FL 32333

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 translating)

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HULL, JEANNE	
STREET ADDRESS	71 TOBACCO RD	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SMITH, EDDIE	
STREET ADDRESS	4 HAVE A TAMPA DR.	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BALK, AL	
STREET ADDRESS	267 TOBACCO RD.	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	CTD	<input type="checkbox"/> Delete
NAME	BASS, WANETA	
STREET ADDRESS	208 TOBACCO RD	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>PD Marty Tate</i>	
STREET ADDRESS	<i>294 Tobacco Rd.</i>	
CITY-ST-ZIP	<i>Havana, FL 32333</i>	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Eddy Valera</i>	
STREET ADDRESS	<i>57 Dutch Master Dr.</i>	
CITY-ST-ZIP	<i>Havana, FL 32333</i>	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Al Balk</i>	
STREET ADDRESS	<i>267 Tobacco Rd.</i>	
CITY-ST-ZIP	<i>Havana, FL 32333</i>	
TITLE	CTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Waneta Bass</i>	
STREET ADDRESS	<i>208 Tobacco Rd.</i>	
CITY-ST-ZIP	<i>Havana, FL 32333</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Waneta Bass Date: 2-3-06 (850) 539-1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



ATTACHMENT
50005219

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2006

TOBACCO ROAD HOMEOWNERS ASSOCIATION, INC.
P.O. BOX 964
HAVANA, FL 32333 US

Subject: TOBACCO ROAD HOMEOWNERS ASSOCIATION, INC.

Reference Number: N38125

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION