


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 P.O. BOX 964 HAVANA FL 32333 US		Mailing Address P.O. BOX 964 HAVANA FL 32333 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2136699	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when translating) _____ DATE _____					
FILE NOW - FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD HULL, JEANNE 71 TOBACCO RD HAVANA FL 32333	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marty Tate 294 Tobacco Rd. Havana, FL 32333	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, EDDIE 4 HAVE A TAMPA DR. HAVANA FL 32333	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Cory Valera 57 Dutch Master Dr. Havana, FL 32333	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALK, AL 267 TOBACCO RD. HAVANA FL 32333	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Al Balk 267 Tobacco Rd. Havana, FL 32333	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD BASS, WANETA 208 TOBACCO RD HAVANA FL 32333	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD Waneta Bass 208 Tobacco Rd. Havana, FL 32333	<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
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 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: <u>Waneta Bass</u>			Date: <u>2-3-06</u> (850) 539-1668		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

00005219



1st MOORE CR2E037 (10/05)



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