

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 26, 2009  
Secretary of State**

DOCUMENT# N38125

Entity Name: TOBACCO ROAD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 964  
HAVANA, FL 32333 US

**New Principal Place of Business:**

208 TOBACCO RD  
HAVANA, FL 32333 US

**Current Mailing Address:**

P.O. BOX 964  
HAVANA, FL 32333 US

**New Mailing Address:**

FEI Number: 59-2136699      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BASS, WANETA  
208 TOBACCO RD  
HAVANA, FL 32333 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: PD ( ) Delete  
Name: TATE, MARTY  
Address: 394 TOBACCO RD  
City-St-Zip: HAVANA, FL 32333

Title: V ( ) Delete  
Name: VALVA, CORY  
Address: 57 DUTCH MASTER DR  
City-St-Zip: HAVANA, FL 32333

Title: SD ( ) Delete  
Name: BALK, AL  
Address: 267 TOBACCO RD.  
City-St-Zip: HAVANA, FL 32333

Title: CTD ( ) Delete  
Name: BASS, WANETA  
Address: 208 TOBACCO RD  
City-St-Zip: HAVANA, FL 32333

**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 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: WANETALBASS

CTD

02/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date