

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90364 008 \*\*\*\*61.25

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04112006 Chg-NP CR2E037 (11/05)

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N39409</b><br>1. Entity Name<br><b>THUNDERBIRD HILL SOUTH HOMEOWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                                                                                        |                                                                     |                                                                                                                                                                 |                                                                              |
| Principal Place of Business<br><b>833 SUNBIRD TERRACE<br/>SEBRING, FL 33872</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  |                                                                                                                        | Mailing Address<br><b>833 SUNBIRD TERRACE<br/>SEBRING, FL 33872</b> |                                                                                                                                                                 |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | 3. Mailing Address                                                                                                     |                                                                     |                                                                                                                                                                 |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  | Suite, Apt. #, etc.                                                                                                    |                                                                     |                                                                                                                                                                 |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  | City & State                                                                                                           |                                                                     | 4. FEI Number<br><b>59-3032430</b>                                                                                                                              |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  | Country                                                                                                                |                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                 |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  |                                                                                                                        |                                                                     | 7. Name and Address of New Registered Agent                                                                                                                     |                                                                              |
| <b>MARCUM, CAROLYN<br/>617 SUNBIRD SQUARE<br/>SEBRING, FL 33872</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                                                                                                                        |                                                                     | Name <b>Stanley, Robert</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>708 Sunbird Terrace</b><br>City <b>Sebring</b> FL Zip Code <b>33872</b> |                                                                              |
| 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 <u>Robert Stanley</u> <u>Robert Stanley</u> <u>4/20/06</u><br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                                                                                                        |                                                                     |                                                                                                                                                                 |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                     | State check payable to<br><b>Florida Department of State</b>                                                                                                    |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10               |                                                                                                                                                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>MARCUM, CAROLYN<br>617 SUNBIRD SQUARE<br>SEBRING, FL 33872  | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | P<br>Robert Stanley<br>708 Sunbird Terrace<br>Sebring, FL 33872                                                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V<br>GIEGERICH, ROGER<br>135 SUNBIRD SQUARE<br>SEBRING, FL 33872 | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      |                                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>GEORGE, BARBARA<br>884 SUNBIRD TERRACE<br>SEBRING, FL 33872 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | S<br>Jane Markley<br>421 Sunbird Square<br>Sebring, FL 33872                                                                                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>ANDERSON, NANCY<br>214 SUNBIRD SQUARE<br>SEBRING, FL 33872  | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | T<br>Lynn Brown<br>106 Sunbird Square<br>Sebring, FL 33872                                                                                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>BECKNER, BARBARA<br>312 SUNBIRD SQUARE<br>SEBRING, FL 33872 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | D<br>Lillian Pechtel<br>209 Sunbird Square<br>Sebring, FL 33872                                                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>WALDRON, ED<br>304 SUNBIRD SQUARE<br>SEBRING, FL 33872      | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | D<br>Agnes Fasanaro<br>800 Sunbird Terrace<br>Sebring, FL 33872                                                                                                 | <input checked="" 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 Chapter 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>Robert D Stanley</u> <u>Robert D Stanley</u> <u>4/24/06</u> <u>(863) 458-0176</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                                                                        |                                                                     |                                                                                                                                                                 |                                                                              |