


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90248 002 ****61.25

DOCUMENT # <u>N39709</u>	
1. Entity Name TREDINGTON PARK HOMEOWNERS ASSOCIATION, INC.	

DO NOT WRITE IN THIS SPACE

50051984

2. Principal Place of Business 2910 Kerry Forest Pkwy Suite, Apt. #, etc. D4-172		3. Mailing Address 2910 Kerry Forest Pkwy Suite, Apt. #, etc. D4-172	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32309	Country USA	Zip 32309	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3025883		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name LINDA W. KENNY Street Address (P.O. Box Number is Not Acceptable) 2944 Compton Way City Tallahassee FL Zip Code 32309		

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.

LINDA W. KENNY
SIGNATURE Linda W. Kenny, President DATE 5/11/05
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDA W. KENNY 2944 Compton Way Tallahassee, FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tom Maxwell 2963 Compton Way Tallahassee, FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ms. Patti Elsberand 2999 Compton Way Tallahassee, FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ms. Nancy Horbowy 2941 Compton Way Tallahassee, FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Linda W. Kenny **LINDA W. KENNY, President** 5/11/05 **850-894-8088**

CR2E037B (12/02)