

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90027 025 \*\*\*\*61.25

**DOCUMENT # N39709**

1. Entity Name

TREDINGTON PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2910 KERRY FOREST PKWY  
D4-172  
TALLAHASSEE FL 32309  
US

Mailing Address

2910 KERRY FOREST PKWY  
D4-172  
TALLAHASSEE FL 32309  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3025883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

KENNY, LINDA W  
2944 COMPTON WAY  
TALLAHASSEE FL 32309

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: *Linda W. Kenny, Pres.*  
LINDA W. KENNY, Pres.

(NOTE: Registered Agent signature required when re-registering)

DATE

5/1/07

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 type="checkbox"/> Delete |
| NAME           | KENNY, LINDA W       |                                 |
| STREET ADDRESS | 2944 COMPTON WAY     |                                 |
| CITY-STATE-ZIP | TALLAHASSEE FL 32309 |                                 |
| TITLE          | VD                   | <input type="checkbox"/> Delete |
| NAME           | MAXWELL, TOM         |                                 |
| STREET ADDRESS | 2963 COMPTON WAY     |                                 |
| CITY-STATE-ZIP | TALLAHASSEE FL 32309 |                                 |
| TITLE          | TD                   | <input type="checkbox"/> Delete |
| NAME           | ELSBERUND, PATTI MS  |                                 |
| STREET ADDRESS | 2799 COMPTON WAY     |                                 |
| CITY-STATE-ZIP | TALLAHASSEE FL 32309 |                                 |
| TITLE          | SD                   | <input type="checkbox"/> Delete |
| NAME           | THURBER, LLOYD       |                                 |
| STREET ADDRESS | 2941 COMPTON WAY     |                                 |
| CITY-STATE-ZIP | TALLAHASSEE FL 32309 |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                                                              |
|----------------|------------------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-STATE-ZIP |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-STATE-ZIP |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-STATE-ZIP |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CORRES. SEC. / P                                                             |
| STREET ADDRESS | MARNIE deKloet                                                               |
| CITY-STATE-ZIP | 5216 GREYSTOKE LANE<br>TALLAHASSEE, FL 32309                                 |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-STATE-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: *Linda W. Kenny, Pres.*  
TREDINGTON PARK HOA

5/1/07

894 8088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #