2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# N39709

Entity Name: TREDINGTON PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2910 KERRY FOREST PKWY
D4-172
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

2910 KERRY FOREST PKWY
D4-172
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 59-3025883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PEREZ, MARK
2960 COMPTON WAY
TALLAHASSEE, FL 32309 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: PEREZ, MARK
Address: 2960 COMPTON WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD (X) Delete
Name: MAXWELL, TOM
Address: 2963 COMPTON WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD ( ) Delete
Name: HABERFELD, MAUREEN
Address: 2978 N UMBERLAND DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD ( ) Delete
Name: THURBER, LLOYD
Address: 2941 COMPTON WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD ( ) Delete
Name: DEKLOET, MARNIE
Address: 5216 GREYSTOKE LANE
City-St-Zip: TALLAHASSEE, FL 32309

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:

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: MARNIE DEKLOET TD 06/17/2009
Electronic Signature of Signing Officer or Director — Date