

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90002 014 ****61.25

DOCUMENT # N46266 1. Entity Name THUNDERBIRD MANOR, INC.					
Principal Place of Business 5630 MATANZAS DR SEBRING, FL 33872			Mailing Address 5630 MATANZAS DR SEBRING, FL 33872		
2. Principal Place of Business - No P.O. Box # 3310 SUNRISE DR.			3. Mailing Address 3310 SUNRISE DR.		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Sebring, FL.			City & State Sebring, FL.		
Zip 33872		Country USA		4. FEI Number 59-3099566	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TRIPLE T REALTY & MGMT SERVICE 5630 MATANZAS DR. SEBRING, FL 33872			7. Name and Address of New Registered Agent Name Roseann P. Klocko Street Address (P.O. Box Number is Not Acceptable) 3310 SUNRISE DR. City Sebring FL Zip Code 33872		
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><i>Roseann P. Klocko</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELEY, ROBERT <input checked="" type="checkbox"/> Delete 615 MANOR CIRCLE SEBRING, FL 33872		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wheaton, Steve P.O. Box 7072 Sebring, FL 33872	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete JERKE, TAMMY 515 MANOR CIRCLE SEBRING, FL 33872		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete JAMES, MONIQUE 3131 LAKEVIEW DRIVE SEBRING, FL 33872		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete ALLAMAND, RANDY 425 ARCOLA DR. SEBRING, FL 33875		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete MELLOA, ROBERT 4208 SEAWOOD AVE SEBRING, FL 33875		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Johnson, Jesse 321 MANOR CIRCLE Sebring, FL 33872	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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><i>[Signature]</i></u> V.P. 3/14/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					