


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000001200 1. Entity Name TILLERY TERRACE PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 3246 CURTIS DANE LN. LAKELAND, FL 33813 US	Mailing Address 3246 CURTIS DANE LN. LAKELAND, FL 33813 US
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03092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3232092	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOHEEN, JOYCE 3246 CURTIS DANE LN. LAKELAND, FL 33813

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLITZ, JOEL 5785 TANASI COURT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KENYON, BRIAN 5795 TANASI COURT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOHEEN, JOYCE 3246 CURTIS DANE LN. LAKELAND, FL 33813
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05/05/05-80127-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **5/1/05** **863/644-8623**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #