2007 NOT-FOR-PROFIT CORPORATION

changed, or on an attachment w

SIGNATURE:

May 11, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # N94000001200** 05-11-2007 90026 030 ****61.25 1. Entity Name **TILLERY TERRACE PROPERTY OWNERS'** ASSOCIATION, INC. Principal Place of Business Mailing Address dars 3246 CURTIS DANE LN. 3246 CURTIS DANE LN. LAKELAND, FL 33813 LAKELAND, FL 33813 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05092007 CR2E037 (12/06) Chg-NP City & State City & State FEI Number 59-3232092 Applied For Not Applicable Zip Country Country Ziο \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOHEEN, JOYCE Street Address (P.O. Box Number is Not Acceptable) 3246 CURTIS DANE LN. LAKELAND, FL 33813 £ ... City Zip Code FL 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 aignature required when renstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Florida Department of State Due by September 14, 2007 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Brian Kenyon TITI F Delete TITLE Change ☐ Addition 5795 Tanasi Court WILLITZ, JOEL NAME NAME STREET ADDRESS STREET ADDRESS 5785 TANASI COURT LAKELAND, FL 33813 CTTY-ST-ZIP CITY-ST-ZP **VPS** (hange TITLE Delete TITLE ☐ Addition KENYON, BRIAN NAME NAME 5795 TANASI COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE GOHEEN, JOYCE NAME NAME STREET ADORESS 3246 CURTIS DANE LN. STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP ☐ Change TITI F ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-71P CITY-ST-7P ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

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