


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90990 034 \*\*\*\*61.25

<b>DOCUMENT # N97000001857</b> 1. Entity Name <b>VILLAGE OF TRAMORE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>156 TRAMORE PLACE MELBORNE BEACH FL 32951 US</b>			Mailing Address <b>156 TRAMORE PLACE MELBOURNE BEACH FL 32951 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3445436</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GILLILAND, KATHY 171 TRAMORE PLACE MELBOURNE BEACH FL 32951</b>				7. Name and Address of New Registered Agent Name <b>FERRIS, PATRICIA A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>191 TRAMORE PLACE</b> City <b>MELBOURNE BEACH</b> <b>FL</b> Zip Code <b>32951</b>	
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 <i>Patricia A. Ferris</i> <b>PATRICIA A. FERRIS, SECRETARY</b> <b>4/23/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKINLEY, JOHN 157 TRAMORE PLACE MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Delete		TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	BENNETT, GORDON 163 TRAMORE PLACE MELBOURNE BEACH, FL 32951
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THIMM, LILLY 199 TRAMORE PLACE MELBOURNE BEACH FL 32951	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERRIELL, KRISTIE 115 COCOA AVENUE INDIALANTIC, FL 32903
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILLILAND, KATHY 171 TRAMORE PLACE MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Delete		TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	ROGER WISE 250 SEA CREST DRIVE MELBOURNE BEACH, FL 32951
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNETT, GORDON 163 TRAMORE PLACE MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Delete		TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	FERRIS, PATRICIA 191 TRAMORE PLACE MELBOURNE BEACH, FL 32951
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC FERRIELL, KRISTIE A 115 COCOA AVENUE INDIALANTIC FL 32903	<input checked="" type="checkbox"/> Delete		TITLE SC NAME STREET ADDRESS CITY-ST-ZIP	NA, NA NA MELBOURNE BEACH FL 32951
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: <i>Patricia A. Ferris</i> PATRICIA A. FERRIS 4/23/04 (321) 951-2384</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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MOORE CR2E037 (11/03)