2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001857

FILED Feb 13, 2006 Secretary of State

Entity Name: VILLAGE OF TRAMORE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 156 TRAMORE PLACE MELBORNE BEACH, FL 32951 US **Current Mailing Address: New Mailing Address:** 156 TRAMORE PLACE MELBOURNE BEACH, FL 32951 US FEI Number: 68-0579169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PALMERINO, BARBARA A PALMERINO, BARBARA A TD 175 TRAMORE PLACE 175 TRAMORE PLACE MELBOURNE BEACH, FL 32951 MELBOURNE BEACH, FL 32951 US US 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: BARBARA A PALMERINO 02/13/2006 Electronic Signature of Registered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **OFFICERS AND DIRECTORS:** () Delete () Change () Addition FERRIS, PATRICIA A Name: Name: 191 TRAMORE PLACE Address: Address: City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: Title: VD Title: VD (X) Change () Addition () Delete THIMM, LILLY Name: TOOMEY, THELMA Name: Address: 199 TRAMORE PLACE Address: 184 TRAMORE PLACE City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951 Title: () Delete Title: () Change () Addition PALMERINO, BARBARA A Name: Name: Address: 175 TRAMORE PLACE Address: City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: Title: SC () Delete Title: SD (X) Change () Addition Name: KEHLBECK, PATRICIA Name: KEHLBECK, PATRICIA 183 TRAMORE PLACE Address: 183 TRAMORE PLACE Address: City-St-Zip: MELBOURE BEACH, FL 32951 City-St-Zip: MELBOURE BEACH, FL 32951 Title: () Delete Title: () Change () Addition BAILEY, DUNCAN Name: Name: 176 TRAMORE PLACE Address: Address: City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA A PALMERINO TD 02/13/2006