2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001857

FILED Feb 11, 2008 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 TD 175 TRAMORE PLACE

MELBOURNE BEACH, FL 32951 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

FERRIS, PATRICIA A TOOMEY, THELMA Name: Name: 191 TRAMORE PLACE Address: 184 TRAMORE PLACE Address:

City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VD () Delete Title: VD (X) Change () Addition

TOOMEY, THELMA Name: BAILEY, DUNCAN Name: Address: 184 TRAMORE PLACE Address: 176 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: SD () Delete Title: () Change () Addition

Name: KEHLBECK, PATRICIA Name: Address: 183 TRAMORE PLACE Address: City-St-Zip: MELBOURE BEACH, FL 32951 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

BAILEY, DUNCAN GILLILAND, KATHY Name: Name: 176 TRAMORE PLACE 171 TRAMORE PLACE Address: Address:

City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951

I hereby certify that the information supplied with this filing does not qualify 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 02/11/2008