
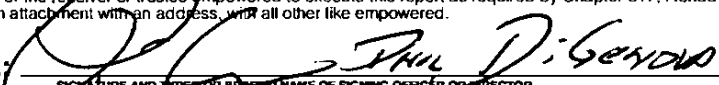


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90005 048 ****61.25

DOCUMENT # N99000000123 1. Entity Name TERN BAY HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 545 PINELLAS BAYWAY TIERRA VERDE, FL 33715 #302			Mailing Address 545 PINELLAS BAYWAY TIERRA VERDE, FL 33715 #302		
2. Principal Place of Business Suite, Apt. #, etc. 302 City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. 302 City & State Zip Country			
4. FEI Number 59-3561312				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 BACON, DAVID A 2959 FIRST AVENUE NORTH ST. PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, BOB 545 PINELLAS BAYWAY TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, ANN 545 PINELLAS BAYWAY TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARROLL, BRIAN 545 PINELLAS BAYWAY TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIGENOVA, PHIL 545 PINELLAS BAYWAY TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD JOHNSON, BOB 545 PINELLAS BAYWAY TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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, and all other like empowered.					
SIGNATURE: 			Date: 5/17/05 Daytime Phone #: 704-865-9510		