


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90017 029 ****61.25

DOCUMENT # N99000000123 1. Entity Name TERN BAY HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 545 PINELLAS BAYWAY 302 TIERRA VERDE, FL 33715				Mailing Address 545 PINELLAS BAYWAY 302 TIERRA VERDE, FL 33715	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BACON, DAVID A 2959 FIRST AVENUE NORTH ST. PETERSBURG, FL 33713				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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	2VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, BOB		NAME	VICTORIA BROWN	
STREET ADDRESS	545 PINELLAS BAYWAY		STREET ADDRESS	545 PINELLAS BAYWAY	
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP	TIERRA VERDE, FL 33715	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, ANN		NAME		
STREET ADDRESS	545 PINELLAS BAYWAY		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, BRIAN		NAME		
STREET ADDRESS	545 PINELLAS BAYWAY		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGENOVA, PHIL		NAME		
STREET ADDRESS	545 PINELLAS BAYWAY		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BOB		NAME		
STREET ADDRESS	545 PINELLAS BAYWAY		STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			3/7/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		