2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2007 8:00 am Secretary of State

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DOCUMENT # N9900000123 1. Entity Name TERN BAY HOMEOWNER'S ASSOCIATION, INC.				03-23-2007 90028 025 ****61.		01.25		
Principal Plac		Mailing Address		,				
545 PINELLAS BAYWAY 302		C/O TABS 7601 ML KING ST N STE B			60027776			
TIERRA VERD	DE, FL 33715	SAINT PETERSBURG, FL				 1811 981 881 881 881 8	IN IN ANTERNAL II AND TARRA I	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt, #, etc.		Suite, Apt. #, etc.		•	02162007 _C	hg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 59-356131	12		pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired	□ \$8.75 Ad Fee Require	ditional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
BACON DAVID A			Name -	Name Tyler Shirley A				
2959 PIRE	TAVENUE NORTH		Street A	Street Address (P.O. Box Number is Not Acceptable)				
STAFFE	RSBURG, EL 33713			7601 M.L. KING STNO STEB			B	
			City	-/2	1		Zip Coo	de
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	r register	<i>TERSIXUR</i> red agent, or both, in		ب ب	フクユ , and accept
	ions of registered agent.	11	1.		0/			
SIGNATURE Shirley H. Juler Slenley (1/4)					//		7	
SIGNATURES	oniries b.	TULER	Slen	Ken	10/2	e-	3-21-0	/
SIGNATURES	Signature, typed or printed named registered agent a	JUCK industrie if applicable. (NOTE;	Agent signal	Lee ture requirys	when reinstaling)	e	3 -21-8 DATE	/
SIGNATURE	\bigcirc , \square	note of gaphicable (NOTE; 4 9. Election Camp Frust Fund Co	paign Financing	Love ture required	\$5.00 May Be Added to Fees			to
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		Added to Fees	Florid	DATE ke check payable (to State
10. 11fle	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ntribution.		Added to Fees ADDITIONS/CHANG	Florid GES TO OFFICERS	DATE ke check payable to a Department of S AND DIRECTORS IN	to State
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDA G. LEWIS

Daytime Phone #