

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-23-2007 90028 025 ****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 C/O TABS 7601 ML KING ST N STE B SAINT PETERSBURG, FL 33702		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3561312	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BACON, DAVID A 2950 FIRST AVENUE NORTH ST. PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name <u>Tyler, Shirley A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>7601 M.L. King St No Ste B</u> City <u>St Petersburg</u> <u>FL</u> Zip Code <u>33702</u>		
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 <u>Shirley A. Tyler</u> <u>Shirley A Tyler</u> 3-21-07 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D BROWN, VICTORIA 545 PINELLAS BAYWAY TIERRA VERDE, FL 33715	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORGERSEN, Tom 545 PINELLAS BAYWAY # 102 TIERRA VERDE, FL 33715	<input type="checkbox"/> Change <input checked="" 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	Past President / Advisor DIGENOVA, Phil 545 Pinellas Bayway S. Tierra Verde, FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition #302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, BOB 545 PINELLAS BAYWAY TIERRA VERDE, FL 33715	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jimenez, Mike 545 Pinellas Bayway S # 201 TIERRA VERDE, FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VP HARTOG, Roud 545 Pinellas Bayway S # 408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Anna G. Lewis</u> <u>Anna G. Lewis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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