

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000123

FILED  
Apr 01, 2011  
Secretary of State

**Entity Name:** TERN BAY HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

545 PINELLAS BAYWAY  
302  
TIERRA VERDE, FL 33715

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TABS  
7601 ML KING ST N STE B  
SAINT PETERSBURG, FL 33702

**New Mailing Address:**

**FEI Number:** 59-3561312      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TYLER, SHIRLEY A  
7601 M.L. KING ST N STE B  
SAINT PETERSBURG, FL 33702      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: BURGER, STEVEN  
Address: 545 PINELLAS BAYWAY SO. #402  
City-St-Zip: TIERRA VERDE, FL 33715

Title: TD  
Name: HALLSTROM, BOB  
Address: 545 PINELLAS BAYWAY SO. #305  
City-St-Zip: TIERRA VERDE, FL 33715

Title: SD  
Name: DIGENOVA, PHIL  
Address: 545 PINELLAS BAYWAY SO. #303  
City-St-Zip: TIERRA VERDE, FL 33715

Title: P  
Name: MCDERMOTT, MIKE  
Address: 545 PINELLAS BAYWAY SO. #306  
City-St-Zip: TIERRA VERDE, FL 33715

I hereby 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 all other like empowered.

SIGNATURE: MIKE MCDERMOTT

PRES

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date