

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000126

FILED
Mar 27, 2009
Secretary of State

Entity Name: TRADITIONS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3631939 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: PD () Delete
Name: RICCI, AUDREY
Address: 122 FAULKNER ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: STD () Delete
Name: NEMCEK, JUDY
Address: 213 STEINBECK ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD () Delete
Name: COOPER, JOHN
Address: 115 FAULKNER ST
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KELLY, SHAWN
Address: 139 FAULKNER ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD (X) Change () Addition
Name: LAUGHLIN, MARIE
Address: 223 FAULKNER ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: TSD (X) Change () Addition
Name: CORTES, GINA
Address: 233 TRADITIONS DR
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHAWN KELLY

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date