

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90003 010 ****61.25

DOCUMENT # N99000002535

1. Entity Name
TALA CAY HOMEOWNERS ASSOCIATION, INC.



Business Address:
70 Signature Realty & Mgt.
4003 Hartley Rd
Jacksonville, FL 32257

Mailing Address:
70 Signature Realty & Mgt.
4003 Hartley Rd
Jacksonville, FL 32257

40025291



Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3574171	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DELCOMIN, VINA <i>Signature Realty & Mgt.</i> 4213 COUNTY RD-218 STE 1 MIDDLEBURG, FL 32068 <i>4003 Hartley Rd</i> <i>Jacksonville, FL</i> <i>32257</i>				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 <i>Big O Cantrell</i>				DATE <i>2/1/07</i>	
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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABOOD, MARK		NAME		
STREET ADDRESS	9307 SAN JOSE BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMEK, WILLIAM		NAME		
STREET ADDRESS	4018 CORRENTES CT E		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP		
TITLE	TDVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOONEY, SANDRA		NAME		
STREET ADDRESS	2827 CASA DEL RIO TERR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, LAMAR		NAME		
STREET ADDRESS	2818 CASA DEL RIO TERRACE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABBOSH, TRACY		NAME		
STREET ADDRESS	3013 BEAUCLERE OAKS CT.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		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: <i>Therese (Tracy) Aboosh</i>				DATE <i>2-12-07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	