

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005859

FILED
Apr 18, 2006
Secretary of State

Entity Name: TRADITIONS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

LAUREL CT.
SEMINOLE, FL 33776

New Principal Place of Business:

Current Mailing Address:

7300 PARK STREET
SEMINOLE, FL 33776

New Mailing Address:

FEI Number: 59-3656478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MGMT
7300 PARK STREET
SEMINOLE, FL 33777 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: P () Delete
Name: HOFFMAN, MICHAEL
Address: 13564 TRADITIONS DRIVE
City-St-Zip: SEMINOLE, FL 33776

Title: DVP () Delete
Name: SORENSON, BUD
Address: 8023 WILLOW CT.
City-St-Zip: SEMINOLE, FL 33776

Title: DT () Delete
Name: CREVELING, JOHN
Address: 13662 TRADITIONS DRIVE
City-St-Zip: SEMINOLE, FL 33776

Title: D () Delete
Name: REINHARDT, DEBRA
Address: 8051 LAUREL COURT
City-St-Zip: SEMINOLE, FL 33776

Title: D/S () Delete
Name: THOMAS, KIRSTEN
Address: 8096 WILLOW CT
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THOMAS, KIRSTEN
Address: 8095 WILLOW COURT
City-St-Zip: SEMINOLE, FL 33776 US

Title: VP (X) Change () Addition
Name: HAMILTON, NANCY
Address: 13548 TRADITIONS DRIVE
City-St-Zip: SEMINOLE, FL 33756 US

Title: DT (X) Change () Addition
Name: ANTHONY, CLINT
Address: 8048 WILLOW COURT
City-St-Zip: SEMINOLE, FL 33776 US

Title: S (X) Change () Addition
Name: SWAN, DOREEN
Address: 8116 COTTONWOOD COURT
City-St-Zip: SEMINOLE, FL 33776 US

Title: D (X) Change () Addition
Name: HOFFMAN, MICHAEL
Address: 13564 TRADITIONS DRIVE
City-St-Zip: SEMINOLE, FL 33776 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KIRSTEN THOMAS

P

04/18/2006

Electronic Signature of Signing Officer or Director

Date