2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N99000005859

Entity Name: TRADITIONS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

8501 LAUREL CT.
SEMINOLE, FL 33776

New Principal Place of Business:

Current Mailing Address:

C/O RESOURCE PROPERTY MGMT
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: THOMAS, KIRSTEN
Address: 8095 WILLOW COURT
City-St-Zip: SEMINOLE, FL 33776 US

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

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

Title: S ( ) Delete
Name: HOFFMAN, MICHAEL
Address: 13564 TRADITIONS DRIVE
City-St-Zip: SEMINOLE, FL 33776 US

Title: D ( ) Delete
Name: SORENSON, BUD
Address: 8023 WILLOW COURT
City-St-Zip: SEMINOLE, FL 33776 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: CREVELING, JOHN
Address: 13662 TRADITIONS DRIVE
City-St-Zip: SEMINOLE, FL 33776 US

Title: VPD (X) Change ( ) Addition
Name: RASK, TOM
Address: 13565 HERITAGE DRIVE
City-St-Zip: SEMINOLE, FL 33776 US

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KIRSTEN THOMAS PRES 04/22/2008

Electronic Signature of Signing Officer or Director — Date