**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 15, 2025**
**Secretary of State**
**0557428179CC**

DOCUMENT# 752097

**Entity Name:** TAVARES HOMEOWNERS, INC.

**Current Principal Place of Business:**

756 MARINA LANE
TAVARES, FL 32778-0827

**Current Mailing Address:**

756 MARINA LANE
TAVARES, FL 32778-0827

**FEI Number: 59-1980287**

**Certificate of Status Desired:** No

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

BURROUGHS, GABRIEL
SILBERNAGEL & BURROUGHS PA
1934 N DONNELLY ST STE B
MOUNT DORA, FL 32757 US

*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: GABRIEL BURROUGHS 02/15/2025

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | PEOPLES, RONALD |
| Address | 641 MARINA LANE |
| City-State-Zip: | TAVARES FL 32778 |

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|---|---|
| Title | VC |
| Name | TRUBIANI, LOUIS |
| Address | 510 SINCLAIR CIRCLE |
| City-State-Zip: | TAVARES FL 32778 |

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|---|---|
| Title | SECRETARY |
| Name | HESS, BERTHA |
| Address | 580 MARINA LANE |
| City-State-Zip: | TAVARES FL 32778 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | ATKINS, MARY |
| Address | 549 MARINA LANE |
| City-State-Zip: | TAVARES FL 32778 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | ALBRIGHT, GEORGE |
| Address | 423 SINCLAIR CR |
| City-State-Zip: | TAVARES FL 32778 |

| | |
|---|---|
| Title | TREASURER |
| Name | HAHN, ERICA |
| Address | 616 MARINA LANE |
| City-State-Zip: | TAVARES FL 32778 |

| | |
|---|---|
| Title | CHAIRMAN |
| Name | MORTHLAND, DAVID |
| Address | 574 SINCLAIR CIRCLE |
| City-State-Zip: | TAVARES FL 32778 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | JUSTUS, TOM |
| Address | 500 MARINA LANE |
| City-State-Zip: | TAVARES FL 32778 |

*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: DAVID MORTHLAND CHAIRMAN 02/15/2025

Electronic Signature of Signing Officer/Director Detail — Date