

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:**BLAIR, JERRI A
131 W. MAIN ST.
TAVARES, FL 32778 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	T
Name	EATON, JUDY A
Address	440 MARINA LANE
City-State-Zip:	TAVARES FL 32778

Title	D
Name	ROBERTS, ALLAN
Address	589 MARINA LANE
City-State-Zip:	TAVARES FL 32778

Title	C
Name	BELAU, CAROL
Address	582 SINCLAIR CIRCLE
City-State-Zip:	TAVARES FL 32778

Title	D
Name	LONG, JIM
Address	543 SINCLAIR CR.
City-State-Zip:	TAVARES FL 32778

Title	DIRECTOR
Name	BRACE, JIM
Address	654 SINCLAIR CIRCLE
City-State-Zip:	TAVARES FL 34778

Title	DIRECTOR
Name	SNODIE, DON
Address	565 SINCLAIR CIRCLE
City-State-Zip:	TAVARES FL 34778

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: JUDY EATON**TREAS****04/18/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date