

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742892

FILED
Apr 30, 2006
Secretary of State

Entity Name: THE TIMBERS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

THE TIMBERS HOMEOWNER
431 WAVERLY
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

431 WAVERLY
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-2027146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN L
431 WAVERLY
TALLAHASSEE, FL 32312 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: DT () Delete
Name: LEGATE, MIKE
Address: 3228 STORRINGTON DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS () Delete
Name: WALKER, TINA
Address: POST OFFICE BOX 20061
City-St-Zip: TALLAHASSEE, FL 32316

Title: D () Delete
Name: CHERRY, JESSE G
Address: 9036 MUIRFIELD COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: ROYALS, MARIANNE
Address: 2251-A MISSION RD.
City-St-Zip: TALLAHASSEE, FL 32304

Title: DVP () Delete
Name: HARRIS, MICHAEL
Address: 2214 TIMBERWOOD CIRCLE SOUTH
City-St-Zip: TALLAHASSEE, FL 32304

Title: DP () Delete
Name: MORAN, BRIAN
Address: 4644 INISHEER DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: WALKER, TINA
Address: POST OFFICE BOX 20061
City-St-Zip: TALLAHASSEE, FL 32316

Title: DS (X) Change () Addition
Name: HOWARD, STACY
Address: 2247B SHADY TIMBERS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32304

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

Title: D (X) Change () Addition
Name: WALKER, BETH
Address: 2201 TIMBERWOOD CIRCLE SOUTH
City-St-Zip: TALLAHASSEE, FL 32304

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

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: MIKE LEGATE

DT

04/30/2006

Electronic Signature of Signing Officer or Director

Date