

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746159

FILED
Apr 02, 2009
Secretary of State

Entity Name: THE TIMBERS OF BOCA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O HAWK-EYE MANAGEMENT INC.
3901 N. FEDERAL HWY., STE 202
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

C/O HAWK-EYE MANAGEMENT INC.
3901 N. FEDERAL HWY., STE 202
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 59-2144545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTI, PAUL N.
% HAWK-EYE MANAGEMENT INC.
3901 N. FEDERAL HWY., STE 202
BOCA RATON, FL 33431 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: D () Delete
Name: MCKNIGHT, JOE
Address: 21154 WHITE OAK AVE.
City-St-Zip: BOCA RATON, FL 33428

Title: STD () Delete
Name: WINOGRAD, CRAIG
Address: 21074 BLACK MAPLE LN
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: SEGEE, JACK
Address: 21373 CHINABERRY DR.
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: PATHURST, PAUL
Address: 21351 CHINABERRY LN
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: VOGEL, SCOTT
Address: 21341 CHINABERRY DR
City-St-Zip: BOCA RATON, FL 33428

Title: VD () Delete
Name: SPRINGSTON, JEFFREY
Address: 21270 HAZELWOOD DR
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: SEGER, JACK
Address: 21373 CHINABERRY LN
City-St-Zip: BOCA RATON, FL 33428

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

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: JULIA DIAZ

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date